

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007082

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** LIFE STEM CELL INSTITUE INC.

**Current Principal Place of Business:**

6274 LINTON BOULEVARD, SUITE 103  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6274 LINTON BOULEVARD, SUITE 103  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 20-3715094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POPE, LOIS B  
6274 LINTON BOULEVARD, SUITE 103  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CPT  
**Name:** POPE, LOIS B  
**Address:** 6274 LINTON BOULEVARD, SUITE 103  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** S  
**Name:** MILLER, ROBERT C  
**Address:** 60 EAST 42ND STREET  
**City-St-Zip:** NEW YORK, NY 10165

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LOIS B POPE

CPT

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date