

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075196

FILED
Mar 05, 2009
Secretary of State

Entity Name: REGENOCYTE THERAPEUTIC LLC

Current Principal Place of Business:

801 LAUREL OAK DRIVE
SUITE 618
NAPLES, FL 34108 US

New Principal Place of Business:

3301 BONITA BEACH ROAD
SUITE 315
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

801 LAUREL OAK DRIVE
SUITE 618
NAPLES, FL 34108 US

New Mailing Address:

3301 BONITA BEACH ROAD
SUITE 315
BONITA SPRINGS, FL 34134 US

FEI Number: 26-0566362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYRITSIS, ATHINA
801 LAUREL OAK DRIVE
SUITE 618
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

KYRITSIS, ATHINA
3301 BONITA BEACH ROAD
SUITE 315
BONITA SPRINGS, FL 34134 US

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: ATHINA KYRITSIS

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REGENOCYTE LLC,
Address: 801 LAUREL OAK DRIVE, SUITE 618
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REGENOCYTE LLC,
Address: 3301 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ATHINA KYRITSIS

MGRM

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date