

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049417

FILED
Apr 23, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA STEM CELL LLC

Current Principal Place of Business:

4000 CENTRAL FLORIDA BLVD
BLDG. 20, RM 223
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212; PMB 129
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 26-2618051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUGAYA, KIMINOBU
4250 ALAFAYA TRAIL
SUITE 212;PBM 129
OVIEDO, FL 32765 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SUGAYA, KIMINOBU
Address: 4250 ALAFAYA TRAIL; SUITE 212, PMB 129
City-St-Zip: OVIEDO, FL 32765

Title: MGR () Delete
Name: SERGEY, BUSHNEV
Address: 690 ROARING DRIVE , UNIT 389
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MERCHANT, STEPHANIE S
Address: 2800 CELERY AVE
City-St-Zip: SANFORD, FL 32771

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: KIMINOBU SUGAYA

MGR

04/23/2009

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