

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087292

FILED
Mar 15, 2011
Secretary of State

Entity Name: SAJUNE INSTITUTE FOR RESTORATIVE & REGENERATIVE MEDICINE, L.L.C.

Current Principal Place of Business:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 20-1610301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE
SUITE 4
WINTER PARK, FL 32790 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
Name: PATI, SANGEETA M.D.
Address: 954 LAKE BALDWIN LANE
City-St-Zip: ORLANDO, FL 32814

I hereby 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: DR SANGEETA PATI

MGR

03/15/2011

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