

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107554

FILED
Apr 10, 2012
Secretary of State

Entity Name: ADVANCED REGENERATIVE MEDICINE, LLC

Current Principal Place of Business:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 27-3698824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BOULEVARD
SUITE 1100 (JAF)
WEST PALM BEACH, FL 33401 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: MGRM
Name: PURITA, JOSEPH R MD
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: KREBSBACH, MICHAEL J MD
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: STEWART, CHARLES E MD
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: KOLETTIS, GEORGE J MD
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM
Name: BROMSON, MARK S MD
Address: 660 GLADES ROAD, SUITE 460
City-St-Zip: BOCA RATON, FL 33431

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: MARK BROMSON

MGR

04/10/2012

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