2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N05000006364

Entity Name: AMERICAN ACADEMY OF ORTHOPEDIC REGENERATIVE MEDICINE INC.

Current Principal Place of Business:

9573 HARDING AVE
MIAMI BEACH, FL 33154

New Principal Place of Business:

Current Mailing Address:

9573 HARDING AVE
MIAMI BEACH, FL 33154

New Mailing Address:

FEI Number: 20-3027955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OESTERLE, DOUGLAS W
9506 S RED RD
MIAMI, FL 33156 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: D ( ) Delete
Name: FARSHCHIAN, ALEX
Address: 9573 HARDING AVE
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 an address, with all other like empowered.

SIGNATURE: ALEX FARSHCHIAN D 02/02/2009
Electronic Signature of Signing Officer or Director — Date