

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004914

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

**Entity Name:** THE ALLIANCE FOR THE ADVANCEMENT OF ADULT STEM CELL THERAPY AND RESEARCH,  
INCORPORATED

**Current Principal Place of Business:**

9500 BONITA BEACH ROAD, SUITE 211  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

9500 BONITA BEACH ROAD, SUITE 211  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 26-3022664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGENOCYTE THERAPEUTIC LLC  
9500 BONITA BEACH ROAD  
SUITE 211  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

COHERENT FINANCIAL, INC,  
9500 BONITA BEACH ROAD  
SUITE 211  
BONITA SPRINGS, FL 34135 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: MICHAEL R. CALCATERRA

01/02/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CALCATERRA, MICHAEL R  
Address: 9500 BONITA BEACH ROAD, #211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: SEC  
Name: LINDERMAN, HOWARD  
Address: 9500 BONITA BEACH ROAD, SUITE 211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: ED  
Name: CONDON, ROBYN  
Address: 9500 BONITA BEACH ROAD, SUITE 211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: MALO, NEIM  
Address: 9500 BONITA BEACH ROAD, SUITE 211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: MCKEAN, BARBARA  
Address: 9500 BONITA BEACH ROAD, SUITE 211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: LINEMAN, HOWARD  
Address: 9500 BONITA BEACH ROAD, SUITE 211  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL R. CALCATERRA

PRES

01/02/2013

Electronic Signature of Signing Officer or Director

Date