

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

				_ Secretary or Sta	u
DOCUMENT # P03000142387 1. Entity Name BAY HARBOR CENTER FOR REGENERATIVE MEDICINE INC.				04-19-2004 90276 024 ***150.0	
Principal Plac	ce of Business	Mailing Address			
1					
9506 S RED		9506 S RED ROAD			
MIAMI, FL 3	3156	MIAMI, FL 33156			
					14884
2. Principal F	Place of Business /	3. Mailing Address /	Λ		
957		9513 HARD	ING A		1 1891
Suite, Apt.		Suite, Apt. #, etc.	7706 / 30		
Suite, Apt.	. #, etc.	Oute, Apr. II, etc.	•	02142004 Chg-P CR2E034 (10/03)	
Cily & Stat		Oty & State	E	4. FEi Number Applied	
JURE	SIDE FL	JURF51DE	1 4		plicable
Zip	Country— =	Zip/	Country.	5. Certificate of Status Desired \$8.75 Addition	ai-
3315	54	33154		Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
Name					
OFSTERI	E DOUGLAS		7 10		
OESTERLE, DOUGLAS				ess (P.O. Box Number is Not Acceptable)	
9506 S RED ROAD MIAMI, FL 33156				,	
MIAMI, PL	. 33130				
			City	FL Zip Code	
8. 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. I am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE.					
	Signature, typed or printed name of registered agent ar	nd utle il applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) OATE	
E11	E NOW!!! FEE IS \$150.00	Election Campaign	Financing	\$5.00 May Be	
	ay 1, 2004 Fee will be \$550.0	 Trust Fund Contribution 	ution. \square	Added to Fees	
7.1.0	., .,				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE	D	⊠ Delete	TITLE	Change	Addition
	OESTERLE, DOUGLAS W	₩3 DEIGIG	NAME	Cronge	,
NAME	1				
STREET ADDRESS	9506 S RED ROAD		STREET ADDRESS		
CHY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐	Addition
NAME	EADSUCHIAN ALIMODAD	1	NAME		
STREET ADDRESS	9508 S RED RD 9513 6	LARDING AVE	STREET ADDRESS		
	THANK EL COATS CO.	22151			
C:TY-ST-ZIP	WITHMI, IL 30155- 3 URF 3 13	E FL 33/3/	CITY-ST-ZIP		
TITLE	· _ · · · · · · · · · · · · · · · · · ·	Delete	TITLE	Change 🗆	Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
				[7 c [7]	1 Addition
TITLE		☐ Delete	TITLE	☐ Change ☐] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
		П	TITLE	Channe C	1 Addition
TITLE		☐ Delete	TITLE	☐ Change] Addition
NAME	-±·		NAME		
STREET ADDRESS			STREET ADDRESS		
DIDY DT 7ID	1		CITY_ST. 7IP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS:

CHY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/11/04 305-866-8384

☐ Change

Addition