

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073584

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** STEMCELLREGENMED, INC.

**Current Principal Place of Business:**

17803 DOE CREEK CT.  
PARRISH, FL 34219 US

**New Principal Place of Business:**

2627 N.E. 203 STREET SUITE 207  
AVENTURA, FL 33180 US

**Current Mailing Address:**

17803 DOE CREEK CT.  
PARRISH, FL 34219 US

**New Mailing Address:**

2627 N.E. 203 STREET SUITE 207  
AVENTURA, FL 33180 US

**FEI Number:** 26-3118278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEINERMAN, BURTON  
17803 DOE CREEK CT.  
PARRISH, FL 34219 US

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

FEINERMAN, BURTON  
2627 N.E. 203 STREET SUITE 207  
AVENTURA, FL 33180 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: JESSICA MORALES, ATTORNEY-IN-FACT

01/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FEINERMAN, BURTON  
Address: 2627 N.E. 203 STREET SUITE 207  
City-St-Zip: AVENTURA, FL 33180

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSICA MORALES, ATTORNEY-IN-FACT

D

01/31/2012

Electronic Signature of Signing Officer or Director

Date