

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000010592

FILED
Nov 10, 2011
Secretary of State

Entity Name: THE CENTER FOR NATURAL HEALING AND REGENERATIVE MEDICINE, INC.

Current Principal Place of Business:

2825 N. STATE ROAD 7 #203
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2825 N. STATE ROAD 7 #203
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 26-4189207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBENSTEIN, JON H
2825 STATE ROAD 7
203
MARGATE, FL 33067 US

Name and Address of New Registered Agent:

RUBENSTEIN, JON H
2825 STATE ROAD 7
203
MARGATE, FL 33063 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: JON RUBENSTEIN

11/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MERSON, CHARLES MD
Address: 2825 STATE ROAD 7 #203
City-St-Zip: MARGATE, FL 33063 US

Title: VP/
Name: RUBENSTEIN, JON H
Address: 2825 STATE ROAD 7 #203
City-St-Zip: MARGATE, FL 33063 US

Title: S
Name: RUBENSTEIN, ARTHUR E
Address: 2825 STATE ROAD 7 #203
City-St-Zip: MARGATE, FL 33063 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR RUBENSTEIN

S

11/10/2011

Electronic Signature of Signing Officer or Director

Date