2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# P09000076553

Entity Name: REGENERATIVE MEDICINE, INC.

Current Principal Place of Business:

34156 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

34156 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, MARISSA PHD
34156 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34683 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: SEC
Name: ORLAND, REES
Address: 34156 U.S. 19, NO
City-St-Zip: PALM HARBOR, FL 34684

Title: OFF
Name: HARRELL, MARISSA PHD
Address: 34156 U.S. HIGHWAY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34683

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: MARISSA HARRELL OFF 01/03/2012

Electronic Signature of Signing Officer or Director — Date