

SECOND NOTICE: CORPORATION
AMOUNT DUE ON OR BEFORE 8/7/96 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # P95000003584 (6)

1. Corporation Name

CARTILAGE REGENERATION, INC.

Principal Place of Business

1790 SANS SOUCI BLVD
NORTH MIAMI FL 33181

Mailing Address

1790 SANS SOUCI BLVD
NORTH MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Country

28 Zip

24 Country

29 Zip

9. Name and Address of Current Registered Agent

TRUTE, MELVYN
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLAND FL 33154

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

1-17-96

4. FEI Number

59-2823470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DUNN, ALLAN R
STREET ADDRESS 1790 SANS SOUCI BLVD
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Add

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

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***165.00

CS
5/20/97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Part 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

4-28-97

(005) 865-6534

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