

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000076553

Entity Name: REGENERATIVE MEDICINE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 36-4693528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRELL, MARISSA PHD
34156 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFF
Name HARRELL, MARISSA PHD
Address 34156 U.S. HIGHWAY 19 NORTH
City-State-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

01/19/2016

Electronic Signature of Signing Officer/Director Detail

Date