

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091611

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC6750877656**

**Entity Name:** STEM CELL CRYOBANK, LLC

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
SUITE 700  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

10301 HAGEN RANCH ROAD  
SUITE 700  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 20-2425121

**Certificate of Status Desired:** No

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

KENNEDY, TODD PL  
1675 PALM BEACH LAKES BLVD  
SUITE 700  
WEST PALM BEACH, FL 33401 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

**Authorized Person(s) Detail :**

Title DR  
Name MAHARAJ, DIPNARINE  
Address 10301 HAGEN RANCH ROAD, SUITE 600  
City-State-Zip: BOYNTON BEACH FL 33437

Title ADMINISTRATOR  
Name GOUVEA, JACQUELINE M DR.  
Address 10301 HAGEN RANCH ROAD SUITE 700  
City-State-Zip: BOYNTON BEACH FL 33437

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELINE GOUVEA

**SECRETARY**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date