2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2019
Secretary of State
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Entity Name: SAJUNE INSTITUTE FOR RESTORATIVE & REGENERATIVE MEDICINE, L.L.C.

Current Principal Place of Business:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

Current Mailing Address:

954 LAKE BALDWIN LANE
ORLANDO, FL 32814

FEI Number: 20-1610301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVE
SUITE 4
WINTER PARK, FL 32790 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	MGR
Name	PATI, SANGEETA M.D.
Address	954 LAKE BALDWIN LANE
City-State-Zip:	ORLANDO FL 32814

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: SANGEETA PATI — PRESIDENT & MEDICAL DIRECTOR — 02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date