

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000127611

Entity Name: REGENERATE CLINICAL TRIALS LLC

Current Principal Place of Business:

6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

Current Mailing Address:

6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143

FEI Number: 45-3771877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, JOSE DAVID
6161 SUNSET DR. #B
SOUTH MIAMI, FL 33143 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 MGRM
Name SUAREZ, JOSE DAVID MD
Address 6161 SUNSET DR. #B
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM
Name LOZANO, JOSEFINA MD
Address 6161 SUNSET DR. #B
City-State-Zip: SOUTH MIAMI FL 33143

Title MGRM
Name RODRIGUEZ, YAQUELIN C
Address 6161 SUNSET DR. #B
City-State-Zip: SOUTH MIAMI FL 33143

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: YAQUELIN RODRIGUEZ

MGRM

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date