

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000024420

Entity Name: FLORIDA INSTITUTE OF REGENERATIVE MEDICINE LLC

Current Principal Place of Business:

6322 GUNN HIGHWAY
TAMPA, FL 33625

Current Mailing Address:

6322 GUNN HIGHWAY
TAMPA, FL 33625 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMON, SHAWN ESQ.
6322 GUNN HIGHWAY
TAMPA, FL 33625 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: SHAWN P SIMON ESQ

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NUCCI, ROBERT C
Address 6322 GUNN HIGHWAY
City-State-Zip: TAMPA FL 33625

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: ROBERT C NUCCI

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date