

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000004649

Entity Name: STEMCELL CLINIC OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3866 TUCKS POINT
WINTER PARK, FL 32792

Current Mailing Address:

3866 TUCKS POINT
WINTER PARK, FL 32792

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HYATT, WILLIAM J
2203 EAST MICHIGAN STREET
ORLANDO, FL 32806 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 YEE, KIN
Address 3866 TUCK POINT
City-State-Zip: WINTER PARK FL 32792

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: KIN YEE

MGR

02/11/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date