

**2020 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:** No

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

YEE, KIN  
3866 TUCKS POINT  
WINTER PARK, FL 32792 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:** KIN YEE

01/15/2020

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

RA

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date