

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000123949

Entity Name: US STEM CELL CLINIC LLC

Current Principal Place of Business:

1290 WESTON ROAD
SUITE 203A
WESTON, FL 33326

Current Mailing Address:

1290 WESTON ROAD
SUITE 203A
WESTON, FL 33326 US

FEI Number: 47-1524683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRANI, RYNOR, ADAMSKY & TOLAND, P.A.
301 ARTHUR GODFREY ROAD
PENTHOUSE
MIAMI BEACH, FL 33140 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: ISAAC MITRANI

02/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name US STEM CELL, INC
Address 1290 WESTON ROAD
SUITE 203A
City-State-Zip: WESTON FL 33326

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: KRISTIN COMELLA

OFFICER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date