

**2020 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

01/17/2020

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

MANAGER

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date