

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000123949

**Entity Name:** US STEM CELL CLINIC LLC

**Current Principal Place of Business:**

12651 SUNRISE BLVD #104  
SUNRISE, FL 33323

**Current Mailing Address:**

12651 SUNRISE BLVD #104  
SUNRISE, FL 33323

**FEI Number:** 47-1524683

**Certificate of Status Desired:** No

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

COMELLA, KRISTIN C  
12651 SUNRISE BLVD  
104  
SUNRISE, FL 33323 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 GRADEL, THEODORE  
Address 12651 SUNRISE BLVD  
SUITE 104  
City-State-Zip: SUNRISE FL 33323

*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:** THEODORE GRADEL

**OFFICER**

**01/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date