

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000179035

**Entity Name:** STEM CELL CENTERS OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

5051 S CONGRESS AVE.  
SUITE B  
LAKE WORTH, FL 33461

**Current Mailing Address:**

3461 FAIRLANE FARMS RD  
WELLINGTON, FL 33414 US

**FEI Number:** 82-2828523

**Certificate of Status Desired:** No

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

MARTIN, STACI R  
5051 S CONGRESS AVE.  
SUITE B  
LAKE WORTH, FL 33461 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 GOMEZ, JUAN DR.  
Address 5051 S CONGRESS AVE. SUITE B  
City-State-Zip: LAKE WORTH FL 33461

Title MANAGER  
Name ANCOAL ENTERPRISES, LLC  
Address 2326 S CONGRESS AVE  
STE 1-A  
City-State-Zip: WEST PALM BEACH FL 33406

Title MANAGER  
Name MARTIN, STACI  
Address 5051 S CONGRESS AVE.  
SUITE B  
City-State-Zip: LAKE WORTH FL 33461

*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:** JENNIFER JUSTO

**ACCOUNTING**

**02/07/2018**

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

\_\_\_\_\_  
Date