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.

MGR

### DOCUMENT# L18000034114

## Entity Name: LOTUS REGENERATIVE & MEDICAL TECHNOLOGIES, LLC

# **Current Principal Place of Business:**

5 TAMPA GENERAL CIRCLE SUITE 855 TAMPA, FL 33606

#### Current Mailing Address:

5 TAMPA GENERAL CIRCLE SUITE 855 TAMPA, FL 33606 US

## FEI Number: 84-4354030

### Name and Address of Current Registered Agent:

KUMAR, ANIL 5 TAMPA GENERAL CIRCLE SUITE 855 TAMPA, FL 33606 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	ANIL KUMAR			01/14/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	VIJAYANAGAR, R M.D	Name	KUMAR, ANIL M.D		
Address	5 TAMPA GENERAL CIRCLE SUITE 855	Address	5 TAMPA GENERAL CIRCLE SUITE 855		
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606		

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 14, 2022 Secretary of State 3736975263CR

Certificate of Status Desired: Yes