

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129319

FILED
Feb 17, 2005
Secretary of State

Entity Name: REJUVENAGE MEDICAL CENTER, INC.

Current Principal Place of Business:

77 INTERLAKEN ROAD
ORLANDO, FL 32804 US

New Principal Place of Business:

45 WEST COLUMBIA STREET
SUITE 10
ORLANDO, FL 32806 US

Current Mailing Address:

77 INTERLAKEN ROAD
ORLANDO, FL 32804 US

New Mailing Address:

45 WEST COLUMBIA ST
SUITE 10
ORLANDO, FL 32806 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATI, SANGEETA M.D.
Address: 77 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATI, SANGEETA M.D.
Address: 45 WEST COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BHAVINI PATEL

ADM

02/17/2005

Electronic Signature of Signing Officer or Director

Date