

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000027942

FILED
Jan 13, 2015
Secretary of State
CC0910535998

Entity Name: REJUVE HEALTH CLINICS, INC.

Current Principal Place of Business:

530 S. RONALD REAGAN BLVD - STE. 116
LONGWOOD, FL 32750

Current Mailing Address:

530 S. RONALD REAGAN BLVD - STE. 116
LONGWOOD, FL 32750

FEI Number: 46-2992282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, BRIAN
530 S. RONALD REAGAN BLVD., SUITE 116
LONGWOOD, FL 32750 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

Officer/Director Detail :

Title CEO
Name BLACK, BRIAN
Address 530 S. RONALD REAGAN BLVD - STE.
 116
City-State-Zip: LONGWOOD FL 32750

Title PS
Name BLACK, BRIAN
Address 530 S. RONALD REAGAN BLVD - STE.
 116
City-State-Zip: LONGWOOD FL 32750

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 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 all other like empowered.

SIGNATURE: BRIAN BLACK

PRESIDENT

01/13/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date