FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752945** **(6)**

1. Corporation Name
THE REGENERATION CENTER, INC.

Principal Place of Business	Mailing Address
2017 BROWARD AVE. WEST PALM BEACH FL 33407	2017 BROWARD AVE. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1980**
3a. Date of Last Report: **02/18/1994**
4. FEI Number: **59-2009267** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REAMSYNDER, TERRY
5960 FLAT ROCK
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition D
NAME	REAMSNYDER, TERRY	12 NAME	
STREET ADDRESS	5960 FLAT ROCK	13 STREET ADDRESS	RONALD COOK 1216 SUMMERWOOD CIRCLE
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, STAN	22 NAME	
STREET ADDRESS	1601 BELEVEDERE RD., #204E	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DEFFENBAUGH, JERRY	32 NAME	
STREET ADDRESS	6453 JOSEPH STR	33 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DURHAM, LARRY	42 NAME	
STREET ADDRESS	1302 13TH LANE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	TARPINIAN, EDWARD	52 NAME	DELETE
STREET ADDRESS	1205 OCEAN DUNES CIR	53 STREET ADDRESS	EDWARD TARPINIAN
CITY-ST-ZIP	JUPITER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TERRY REAMSNYDER April 25, 1995 (407)683-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048096