

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 752945 (6)

1. Corporation Name

THE REGENERATION CENTER, INC.



Principal Place of Business

Mailing Address

2017 BROWARD AVE.
WEST PALM BEACH FL 33402-33401

2017 BROWARD AVE.
WEST PALM BEACH FL 33402-33401

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1980

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2009267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

REAMSYNDER, TERRY
5960 FLAT ROCK
WEST PALM BEACH FL 33413

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REAMSnyder, TERRY
STREET ADDRESS 5960 FLAT ROCK
CITY-ST-ZIP W PALM BCH FL ☐ DELETE

TITLE VD
NAME BOWMAN, STAN
STREET ADDRESS 1601 BELEVEDERE RD., #204E
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☒ DELETE

TITLE D
NAME DEFFENBAUGH, JERRY
STREET ADDRESS 6453 JOSEPH STR
CITY-ST-ZIP W PALM BCH FL ☒ DELETE

TITLE D
NAME DURHAM, LARRY
STREET ADDRESS 1302 13TH LANE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D
NAME COOK, RONALD
STREET ADDRESS 1216 SUMMERWOOD CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME SMITH, RON G.
2.3 STREET ADDRESS 1601 Belevvedere Rd., #204E
2.4 CITY-ST-ZIP W. P. B. FL 33406

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Sec. / Treasurer
3.3 STREET ADDRESS REAMSnyder, Cynthia
3.4 CITY-ST-ZIP 5960 Flat Rock Rd.
W. P. B., FL 33413

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 407-633-0004
Date Daytime Phone #

CR2E037 (12/95)