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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752945** (6)

1. Corporation Name

THE REGENERATION CENTER, INC.

Principal Place of Business

Mailing Address

2017 BROWARD AVE.
WEST PALM BEACH FL 33401
US

2017 BROWARD AVE.
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified

06/12/1980

4. FEI Number

58-2009267

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 5960 FLATROCK ROAD

22 City & State

27 City & State

23 Zip

Country

28 WEST PALM BEACH, FL

29 33413

30 U.S.

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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 REAMSYNDER, TERRY
STREET ADDRESS 5960 FLAT ROCK
CITY-ST-ZIP W PALM BCH FL ☐ DELETE

TITLE VD
NAME SMITH, RON G.
STREET ADDRESS 1601 BELVEDERE ROAD #204E
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE ST
NAME REAMSYNDER CYNTHIA
STREET ADDRESS 5960 FLATROCK ROAD
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

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

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME ROBERT FELDER
1.3 STREET ADDRESS 2831 AVENUE S
1.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404 ☐ Change ☒ Addition

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 154 PONCE DE LEON
2.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME EMMANUEL JENKINS
4.3 STREET ADDRESS 1233 45th STREET SUITE C4
4.4 CITY-ST-ZIP WPB, FL 33407 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME WILLIAM ROSSER
5.3 STREET ADDRESS 2320 TALLAHASSEE DRIVE
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/25/98

CR2E037 (10/97)