

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90049 035 ****61.25

DOCUMENT # 752945

1. Entity Name

THE REGENERATION CENTER, INC.

Principal Place of Business

Mailing Address

2017 BROWARD AVE.
 WEST PALM BEACH FL 33401
 US

5960 FLATROCK ROAD
 WEST PALM BEACH FL 33413
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

West Palm Beach, FL

33402

USA

4. FEI Number

59-2009267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAMSYNDER, TERRY
 5960 FLAT ROCK
 WEST PALM BEACH FL 33413

Name: Gerald R. Herd

Street Address (P.O. Box Number is Not Acceptable)

126 Chapel Lane

City Tequesta

FL

Zip Code

33469

8. 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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REAMSYNDER, TERRY	
STREET ADDRESS	5960 FLAT ROCK	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RON G.	
STREET ADDRESS	3305 SHADEY BENO DRIVE	
CITY-ST-ZIP	INDEPENDENCE MO 64052	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	REAMSYNDER CYNTHIA	
STREET ADDRESS	5960 FLATROCK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, EMMANUEL	
STREET ADDRESS	1233 45TH STREET SUITE C4	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDER, ROBERT	
STREET ADDRESS	2831 AVENUE S	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSSER, WILLIAM	
STREET ADDRESS	2320 TALLAHASSEE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE	Kathleen Herd (Sec/Treas)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12076 Hwy A1A Apt #E7	
STREET ADDRESS	Palm Beach Gardens, FL	
CITY-ST-ZIP	33410	
TITLE	Gerald Herd (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12076 Hwy A1A Apt #E7	
STREET ADDRESS	Palm Beach Gardens, FL	
CITY-ST-ZIP	33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Herd 1/24/02

561-776-7328

Date

Daytime Phone #

CR2E037 (9/01)