

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 20, 2005
Secretary of State

DOCUMENT# 752945

Entity Name: THE REGENERATION CENTER, INC.**Current Principal Place of Business:**2017 BROWARD AVE.
WEST PALM BEACH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**P.O BOX 1588
WEST PALM BEACH, FL 33402 US**New Mailing Address:****FEI Number:** 59-2009267**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERD, GERALD R
126 CHAPEL LANE
TEQUESTA, FL 33469 US**Name and Address of New Registered Agent:**MICHKA, MICHAEL
1732 TRENTINO WAY
BOYNTON BEACH,, FL 33437 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: MICHAEL MICHKA

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HERD, KATHLEEN
Address: 12076 HWY A1A, AH #E7
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P () Delete
Name: HERD, GERALD
Address: 12076 HWY A1A, AH #E7
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: JENKINS, EMMANUEL
Address: 1233 45TH STREET SUITE C4
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: FELDER, ROBERT
Address: 2831 AVENUE S
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: STINNETT, LINDA
Address: 108 PARADISE HARBOUR BLVD. #303
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P (X) Change () Addition
Name: MICHKA, MICHAEL
Address: 1732 TRENTINO WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Change () Addition
Name: MILES, DARRELL PASTOR
Address: 2950 SEACREAST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA STINNETT

ST

04/20/2005

Electronic Signature of Signing Officer or Director

Date