

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752945

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: THE REGENERATION CENTER, INC.

**Current Principal Place of Business:**

2017 BROWARD AVE.  
WEST PALM BEACH, FL 33407 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 (X)

**Name and Address of Current Registered Agent:**

FELDER, ROBERT  
2831 AVENUE S  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Delete  
Name: LOMBARDI, CONNIE  
Address: 35 GRAND BAY CIRCLE  
City-St-Zip: JUNO BEACH, FL 33408

Title: D (X) Delete  
Name: MORGAN, DEBORAH L  
Address: 5293 OAKMONT VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: FELDER, ROBERT  
Address: 2831 AVENUE S  
City-St-Zip: RIVIERA BEACH, FL 33404

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

Title: S (X) Change ( ) Addition  
Name: LOMBARDI, CONNIE  
Address: 35 GRAND BAY CIRCLE  
City-St-Zip: JUNO BEACH, FL 33408

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 Chapter 119, 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

T

04/25/2006

Electronic Signature of Signing Officer or Director

Date