

# **CORPORATION ANNUAL REPORT**

04-20-2005 90811 001 \*\*\*317.50  
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FILED

05 MAY -4 PM 12: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
66011781

DOCUMENT # F00000004401

1. Entity Name  
REGENERATION TECHNOLOGIES, INC.



Principal Place of Business  
11621 RESEARCH CIR.  
ALACHUA, FL 32615

Mailing Address  
PO BOX 2650  
ALACHUA, FL 32615

**DO NOT WRITE IN THIS SPACE**

04072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3466543

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO HUTCHINSON, BRIAN 11621 RESEARCH CIR. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO ROSE, THOMAS 11621 RESEARCH CIR. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*DR514*

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: *Thomas F. Rose* Thomas F. Rose, CFO 4/6/05 (386) 418-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #