## 2001 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # L0000015628  1. Entity Name  REJUVENATION CENTERS, LLC							FILED	·			
Principal Place of Business Mailing Address						01	JUL -2 AM 8: 47				
	URA BLVD SUITE 205	2925 AVENTURA BLVD SUITE 205 AVENTURA FL 33180			]	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business											
Suite, Apt. #, etc. Suite 207 Suite, Apt. #, etc. Suite 207				-			DO NOT WRITE IN THIS	SPACE			
City & State City & State					4.	FEI NO	- 1069969	<del></del>	pplied For ot Applicable		
Zip	Country	Zip	Countr			5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
LAURENCE, JODI B 2925 AVENTURA BLVD., STE 207 AVENTURA FL 33180					Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Make Check Payable to Due By Septemb					ment of Sta	ate	400004476 -07/16/010 *****50.00	)10440	019		
9.	MANAGING MEMBER	RS/MANAGERS	10.			<u> </u>	ADDITIONS/CHANGES	1			
TITLE NAME		☐ Delete	TITLE NAME		Director Jodi	÷ 7 1 '	~ :	☐ Change	Addition Section Secti		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP	2925 Aventw	aven 1a.F	tura Biva, Suite L 33180		1083		
TITLE		☐ Delete	TITLE		Direct	tor .	CEO	Change			
NAME STREET ADDRESS			NAME STREE	ET ADDRESS .	<i>a</i> 9a5 1	Aver	Nestor, m.D., Ph.1 ntura BIVO, Su	ite al	<b>7</b>		
CITY-ST-ZIP		Delete	CITY-	ST-ZIP	Aventi	ma	FL 33180 CFO	Change	<b>₽</b> Addition		
NAME STREET ADDRESS		Delete	NAME	. 1	David	(נוד דו	agener Parua-Bud., S.	□ Change □ He. Ə	Addition		
CITY-ST-ZIP				ET-ADDRESS≓ ST-ZIP			1, PL 33180				
TITLE NAME		☐ Delete	TITLE NAME		lim E	こんへい	00. Chetti		Addition		
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP	2925	AI	ventura bud, PL 33180	Suite	20+		
TITLE NAME		☐ Delete	TITLE		Direct	or		☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP				TADDRESS	35 EA	157	y. Rigel, MD 35th Street, Su		3		
TITLE,		☐ Delete	TITLE	ST-ZIP	Direct	tor	NY 10016-38		Addition		
NAME STREET ADDRESS			NAME STREE		Richa 201 N	wal 8	s. Greene, MD a Avenue, suit		' 7		
CITY-ST-ZIP	and the shall be defined as		CITY-	ST-ZIP	Plant	lati	00, FL 33321	4			
IIIUICALEU	ertify that the information supplied with the on this report is true and accurate and the oillity company or the receiver or trustee of the order of	iai my sionature snali nave i	ine same.	legal effer	chemilize to	under o	iath: that I am a managing mamha	ify that the interior or manager	formation r of the		
SIGNAT	SIGNATURE:  SIGNATURE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE  SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE  TO DAYLING Phone #										