

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084583

FILED
Feb 04, 2008
Secretary of State

Entity Name: THE REJUVENATION CENTER, LLC

Current Principal Place of Business:

3207 PHYSICIANS WAY, SUITE A
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3207 PHYSICIANS WAY, SUITE A
SEBRING, FL 33870

New Mailing Address:

4710 N HABANA AVE.
100
TAMPA, FL 33614

FEI Number: 11-3736781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOM, THOMAS H M.D.
3207 PHYSICIANS WAY, SUITE A
SEBRING, FL 33870 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWSOM, THOMAS H M.D.
Address: 3207 PHYSICIANS WAY, SUITE A
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AUBURNEY MARTINEZ

ASST

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date