2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000084583

Entity Name: THE REJUVENATION CENTER, LLC

Current Principal Place of Business:

3207 PHYSICIANS WAY, SUITE A
SEBRING, FL 33870

New Principal Place of Business:

3207 PHYSICIANS WAY
STE A
SEBRING, FL 33870 US

Current Mailing Address:

4710 N HABANA AVE.
100
TAMPA, FL 33614

New Mailing Address:

4710 N HABANA AVE.
100
TAMPA, FL 33614 US

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:

NEWSOM, THOMAS H MD
3207 PHYSICIANS WAY
STE A
SEBRING, FL 33870 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: T. HUNTER NEWSOM 01/15/2009
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: MGR (X) Change ( ) Addition
Name: NEWSOM, THOMAS H MD
Address: 3207 PHYSICIANS WAY, SUITE A
City-St-Zip: SEBRING, FL 33870

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: T. HUNTER NEWSOM MGR 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date