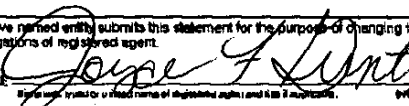
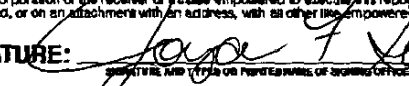


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90414 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000005269	
1. Entity Name REJUVENATION CLINIC, INC.	
	
Principal Place of Business 991 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334	Mailing Address 991 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334
2. Principal Place of Business 660 LINTON BLVD Suite, Apt. #, etc. # 112 City & State Delray Beach, FL Zip 33444 Country USA	3. Mailing Address 660 LINTON BLVD Suite, Apt. #, etc. # 112 City & State Delray Beach, FL Zip 33444 Country USA
4. FEI Number 85-0973938 Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent DEITCH, JASON A 1250 EAST HALLANDALE BEACH BLVD. SUITE 909 HALLANDALE, FL 33000	
7. Name and Address of New Registered Agent Name JOYCE F GUNTER Street Address (P.O. Box Number is Not Acceptable) 21378 MARINA COVE CR # 15B City AVENTURA FL Zip Code 33180	
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  DATE 4/15/03	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees ☐	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD GUNTER, JOYCE FAYE 21378 MARINA COVE CIRCLE #15B AVENTURA, FL 33180	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D GREGG, KATHLEEN 1010 SOUTH OCEAN BLVD. #614 POMPANO BEACH, FL 33062	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition	☐ Delete ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 as other like empowered.	
SIGNATURE:  DATE 4/15/03 561-29-2326	

no address
660 Linton Blvd # 112
Delray FL 33444



☐ CHECK HERE IF MAKING CHANGES

CH22C04 (10/02)