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.

now address 660 Linton Blvd # 112 Delray FL 33444

Principal Place of Business	Mailing Address
991 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334	991 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334

2. Principal Place of Business	3. Mailing Address
660 LINTON Blvd	660 LINTON Blvd
Suite, Apt. #, etc. # 112	Suite, Apt. #, etc. # 112
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33444 Country USA	Zip 33444 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0973938 — 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
1260 EAST HALLANDALE BEACH BLVD.
SUITE 909
HALLANDALE, FL 33009

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: Joyce F Gunter — 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUNTER, JOYCE FAYE		NAME	
STREET ADDRESS	21379 MARINA COVE CIRCLE #15B		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREGG, KATHLEEN		NAME	
STREET ADDRESS	1010 SOUTH OCEAN BLVD. #614		STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Joyce F Gunter — 4/15/03 — 561-279-2325
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #