

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098239

FILED  
Sep 26, 2012  
Secretary of State

**Entity Name:** REGENESIS HEALTH SERVICES, INC.

**Current Principal Place of Business:**

6973 HIGHWAY AVE  
108  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

6973 HIGHWAY AVE  
108  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 74-3060998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUYRES, WILLIAM J  
1485 KATHLEEN WAY  
FLEMING ISLAND, FL 32003 US

**Name and Address of New Registered Agent:**

MAYES, DAVID A  
6973 HIGHWAY AVE  
108  
JACKSONVILLE, FL 32254 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: DAVID A MAYES

09/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FENCHEL, RICHARD C  
Address: 1121 KINGSLAND CT.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP  
Name: MAYES, DAVID A  
Address: 5458 TURKEY CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TRES  
Name: CALLAHAN, SUSAN  
Address: 6973 HIGHWAY AVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SEC  
Name: CALLAHAN, SUSAN  
Address: 6973 HIGHWAY AVE  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID A MAYES

VP

09/26/2012

Electronic Signature of Signing Officer or Director

Date