

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90013 015 \*\*\*550.00

**DOCUMENT # P02000125361**



1. Entity Name  
**REGENMED CORP.**

Principal Place of Business  
 5530 NW 52ND AVE.  
 100 SOUTH NEWELL DRIVE  
 GAINESVILLE, FL 32653

Mailing Address  
 5530 NW 52ND AVE.  
 100 SOUTH NEWELL DRIVE  
 GAINESVILLE, FL 32653

44041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
 42-1575897

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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  Delete  
 NAME PD  
 STREET ADDRESS KUKEKOX, VALERY G  
 CITY-ST-ZIP 5530 NW 52ND AVE. GAINESVILLE, FL 32653

TITLE  Change  Addition  
 NAME Dr. Caroline Popper  
 STREET ADDRESS 213 North Washington Dr.  
 CITY-ST-ZIP Sarasota, FL 34236

TITLE  Delete  
 NAME T  
 STREET ADDRESS SEVIER, CHARLES A  
 CITY-ST-ZIP 705 UNIVERSITY AVE. MEMPHIS, TN 38107

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: \_\_\_\_\_

**Dennis Steindler, CSO**

375-352-735-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

Daytime Phone #