

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-12-2004 90013 015 ***550.00

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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 Date 7/6/04 Daytime Phone #