2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137597

Entity Name: PALM BEACH REJUVENATION CENTER CLINIC, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8409 NORTH MILITARY TRAIL SUITE 126

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

8409 NORTH MILITARY TRAIL SUITE 126 PALM BEACH GARDENS, FL 33410

FEI Number: 20-4404136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OWEN JR, JACK B PA
4500 PGA BLVD
SUITE 206

OWEN JR, JACK B PA
4500 PGA BLVD
SUITE 304B

PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 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: JACK BOWEN, JR., PA 04/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: STEPHANOS, GLENN Name: STEPHANOS, GLENN R

Address: 8409 NORTH MILITARY TRAIL, SUITE 126
City-St-Zip: PALM BEACH GARDENS, FL 33477
Address: 8409 NORTH MILITARY TRAIL, SUITE 126
City-St-Zip: PALM BEACH GARDENS, FL 33477
PALM BEACH GARDENS, FL 33477

Title: SEC () Delete Title: SEC (X) Change () Addition

Name: STEPHANOS, GLENN Name: STEPHANOS, GLENN R

Address: 8409 NORTH MILITARY TRAIL, SUITE 126 Address: 8409 NORTH MILITARY TRAIL, SUITE 126 City-St-Zip: PALM BEACH GARDENS, FL 33477 City-St-Zip: PALM BEACH GARDENS, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN R STEPHANOS PD 04/25/2008