

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048901

Entity Name: REJUVENATE MEDICAL CLINIC, INC.

FILED
May 08, 2007
Secretary of State

Current Principal Place of Business:

7065 WESTPOINTE BLVD
UNIT 207
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

3392 TABREEZE COURT
OCOE, FL 34761

New Mailing Address:

7065 WESTPOINTE BLVD
UNIT# 207
ORLANDO, FL 32835

FEI Number: 20-4781489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AWAD, ELIE J
3392 TABREEZE COURT
OCOE, FL 34761 US

Name and Address of New Registered Agent:

KHOURI, ELIE J
7065 WESTPOINTE BLVD
UNIT # 207
ORLANDO, FL 32835 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: ELIE KHOURI

05/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AWAD, ELIE J
Address: 3392 TABREEZE COURT
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHOURI, ELIE J
Address: 7065 WESTPOINTE BLVD # 207
City-St-Zip: ORLANDO, FL 32835

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: ELIE KHOURI

P

05/08/2007

Electronic Signature of Signing Officer or Director

Date