


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90060 040 ***150.00

| | |
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| DOCUMENT # P06000048901 |  |
| 1. Entity Name REJUVENATE MEDICAL CLINIC, INC. | |

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|---|---|
| Principal Place of Business 7065 WESTPOINTE BLVD UNIT 207 ORLANDO, FL 32835 | Mailing Address 7065 WESTPOINTE BLVD UNIT # 207 ORLANDO, FL 32835 |
|---|---|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

| | |
|---|--|
| KHOURI, ELIE J 7065 WESTPOINTE BLVD UNIT # 207 ORLANDO, FL 32835 | 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 _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KHOURI, ELIE J 7065 WESTPOINTE BLVD # 207 ORLANDO, FL 32835 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **2.18.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #