

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048901

FILED
Apr 28, 2012
Secretary of State

Entity Name: REJUVENATE MEDICAL CLINIC, INC.

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:

FEI Number: 20-4781489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KHOURI, ELIE J
Address: 3392 TABREEZE COURT
City-St-Zip: OCOE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: ELIE KHOURI

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date