2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2011
Secretary of State

DOCUMENT# P09000038137

Entity Name: RENEWED LIFE CLINICS, INC.

Current Principal Place of Business:

2324 U.S. 19 NORTH
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

2324 U.S. 19 NORTH
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 26-4778544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEAR, ROBERT L
2650 MCCORMICK DRIVE
SUITE 130
CLEARWATER, FL 33759 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: OWN
Name: STEPHENSON, MICHAEL W MD
Address: 2324 U.S. 19 NORTH
City-St-Zip: HOLIDAY, FL 34691 US

Title: P
Name: HINES, BETH A A
Address: 2324 U.S. 19 NORTH
City-St-Zip: HOLIDAY, FL 34691 US

Title: S,T
Name: HINES, BARRY A
Address: 2324 US19 NORTH
City-St-Zip: HOLIDAY, FL 34691 US

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: BETH A HINES P 04/17/2011

Electronic Signature of Signing Officer or Director Date