

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018945

Entity Name: REJUVERX INC

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4691 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

4691 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34769

**New Mailing Address:**

4796 LAKE CALABAY DR  
ST. CLOUD, FL 34769

FEI Number: 27-2023394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NGUYEN, LY T M.D.  
4691 OLD CANOE CREEK ROAD  
ST. CLOUD, FL 34769 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: NGUYEN, LY T M.D.  
Address: 4691 OLD CANOE CREEK ROAD  
City-St-Zip: ST. CLOUD, FL 34769

Title: VP  
Name: BROWN, BILLY J J.D.  
Address: 4691 OLD CANOE CREEK ROAD  
City-St-Zip: ST. CLOUD, FL 34769

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: LY NGUYEN

P

01/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date