

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000046395

FILED  
Sep 12, 2012  
Secretary of State

**Entity Name:** REGENX MEDICAL INSTITUTE INC.

**Current Principal Place of Business:**

7950 NW 53 ST STE 215  
MIAMI, FL 33166

**New Principal Place of Business:**

1060 KANE CONCOURSE  
BAY HARBOR, FL 33154

**Current Mailing Address:**

7950 NW 53 ST STE 215  
MIAMI, FL 33166

**New Mailing Address:**

1060 KANE CONCOURSE  
BAY HARBOR, FL 33154

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CUMMINGS, EDWARD  
8580 NW 4TH ST.  
PEMBROKE PINES, FL 33024 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: SOLOMON, TESSA LYNN  
Address: P.O.BOX 80-2124  
City-St-Zip: MIAMI, FL 33280 US

Title: VP  
Name: GUERRERO, LOLA M  
Address: 3192 SHERIDAN LANE  
City-St-Zip: HOLLYWOOD, FL 33021 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: TESSA LYNN SOLOMON

P

09/12/2012

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

\_\_\_\_\_  
Date