

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000062361

1. Entity Name
 IMAGE RENEWED, INC.

Principal Place of Business
 6519 125TH AVENUE NORTH
 LARGO FL 33773

Mailing Address
 6519 125TH AVENUE NORTH
 LARGO FL 33773

2. Principal Place of Business
 36555 US HIGHWAY 19 NORTH

3. Mailing Address
 120 1ST STREET EAST
 #105

Suite, Apt. #, etc.

City & State
 PALM HARBOR FL

City & State
 ST. PETERSBURG FL

4. FEI Number
59-3461845

Applied For
 Not Applicable

Zip Country
 34684 US

Zip Country
 33715 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSBORNE GEORGE M
 433 4TH STREET N.
 ST PETERSBURG FL 33701
 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable

DATE **04/11/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TEIGMAN DEBRA	
STREET ADDRESS	6519 125TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEIGMAN JACK	
STREET ADDRESS	6519 125TH AVENUE NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIGMAN DEBRA R.N.	
STREET ADDRESS	120 1ST STREET EAST, #105	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEIGMAN JACK M.D.	
STREET ADDRESS	120 1ST STREET EAST, #105	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Teigman, M.D. DATE: 04/11/2000