

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086319

Entity Name: REGENIX, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2211 S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2211 S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 65-0790592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, DONALD J ESQ.  
1200 N. FEDERAL HWY.  
SUITE 312  
BOCA RATON, FL 33432 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: PD  
Name: EDWARDS, WILLIAM T  
Address: 2211 S. INDIAN RIVER DRIVE  
City-St-Zip: FT. PIERCE, FL 34950

Title: SD  
Name: EDWARDS, LORI L  
Address: 2211 S. INDIAN RIVER DRIVE  
City-St-Zip: FT. PIERCE, FL 34950

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: LORI L. EDWARDS

SD

04/14/2011

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

\_\_\_\_\_  
Date