

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90212 003 \*\*\*158.75

DOCUMENT # P98000054012

1. Corporation Name

HEALTH REJUVENATION SERVICES, INC.

Principal Place of Business

6187 N.W. 167TH ST..#H-39  
MIAMI FL 33015

Mailing Address

6187 N.W. 167TH ST..#H-39  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1998

4. FEI Number

65-0885046

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 18459 Pines Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 18459 Pines Blvd  
Suite, Apt. #, etc.

22 Suite 321  
City & State

27 Suite 321  
City & State

23 Pembroke Pines FL  
Zip Country

28 Pembroke Pines, FL  
Zip Country

24 33029 25 USA

29 33029 30 USA

9. Name and Address of Current Registered Agent

GRUNTLER, WILLIAM A  
500 N.W. 103 TERR.  
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name Brett Burk  
82 Street Address (P.O. Box Number is Not Acceptable)  
18459 Pines Blvd  
83 Suite 321  
84 City Pembroke Pines, FL FL 85 Zip Code 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GRUNTLER, WILLIAM A  
STREET ADDRESS 500 N.W. 103 TERR.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Brett Burk  
1.3 STREET ADDRESS 18459 Pines Blvd Suite 321  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029

☒ Change

☐ Addition

2.1 TITLE Secretary  
2.2 NAME Brett Burk  
2.3 STREET ADDRESS 18459 Pines Blvd # 321  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33029

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 305 384-6578

CR2E034 (11/98)