

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000109095

1. Entity Name
REGENESIS CENTERS, INC.



Principal Place of Business
**900 N FEDERAL HWY
SUITE 260
BOCA RATON, FL 33432 US**

Mailing Address
**900 N FEDERAL HWY
SUITE 260
BOCA RATON, FL 33432 US**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968840

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**INVERNALE, ANNE
101 PLAZA REAL SOUTH
APT 934
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	INVERNALE, ANNE
STREET ADDRESS	101 PLAZA REAL SOUTH, APT. 934
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	C
NAME	KALLAN, MARK
STREET ADDRESS	900 N FEDERAL HWY., SUITE 260
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VS
NAME	BRESLAUER, GERALD
STREET ADDRESS	900 N FEDERAL HWY., SUITE 260
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/09/07-80037-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: GERALD BRESLAUER 4/23/7 561-807-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #