

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003100

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** THE BETTER HEALTH FOUNDATION CORP

**Current Principal Place of Business:**

3101 NW 47TH TERRACE  
BLDG 4 APT 234  
LAUDERDALE LAKES, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

2860 ST RD 84  
SUITE 116-234  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

2860 ST RD 84  
STE 116-234  
FORT LAUDERDALE, FL 33312 US

FEI Number: 26-4561104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMADRID FINANCIAL SERVICES CORP  
8320 W SUNRISE BLVD  
202  
PLANTATION, FL 33322 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: BELNAVIS, GLENROY  
Address: 3101 NW 47TH TERRACE, BLDG 4 APT 234  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP  
Name: SAMLAL, NALINIE  
Address: 3430 NW 14 CT  
City-St-Zip: LAUDERHILL, FL 33311 US

Title: SEC  
Name: LAMADRID, ALEXIS  
Address: 8320 W SUNRISE BLVD, STE 202  
City-St-Zip: PLANTATION, FL 33322 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NALINIE SAMLAL

VP

04/14/2010

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

\_\_\_\_\_  
Date