

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P04000081480
 1. Entity Name
BETTER HEALTH CARE SERVICES INC.



Principal Place of Business 14201 WEST SUNRISE BLVD STE #208 SUNRISE, FL 33323	Mailing Address 14201 WEST SUNRISE BLVD STE #208 SUNRISE, FL 33323
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03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0534275	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BISHOP, JASON N
 520 CASCADE FALLS DR.
 WESTON, FL 33327

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BISHOP, JASON N 520 CASCADE FALLS DR. WESTON, FL 33327
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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 authority.

SIGNATURE:  **3/26/08** **854-473-4008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #