2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 719670

Entity Name: HELEN B. BENTLEY FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

3090 SW 37TH AVE.
MIAMI, FL 331334311

New Principal Place of Business:

Current Mailing Address:

3090 SW 37TH AVE.
MIAMI, FL 331334311

New Mailing Address:

FEI Number: 59-1481561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, CALEB A
3090 SW 37TH AVENUE
MIAMI, FL 33133 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: CD ( ) Delete
Name: TINNIE, GENE S
Address: 74 NW 51ST STREET
City-St-Zip: MIAMI, FL 33127

Title: TD ( ) Delete
Name: MARIBONA, JAVIER
Address: 5740 SW 58 CT
City-St-Zip: S MIAMI, FL 33143

Title: VCD ( ) Delete
Name: VALS COLLERAN, ISABEL
Address: 9330 SW 104 AVE
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete
Name: DAVIS, CALEB A
Address: 3090 SW 37TH AVE
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete
Name: JAMES-FOUNTAIN, ZONDRA
Address: 5855 SW 61 ST
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: JAMES-FOUNTAIN, ZONDRA
Address: 5855 S.W. 61ST STREET
City-St-Zip: S MIAMI, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: JORDAN, BARBARA B
Address: 6241 S.W. 58TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CALEB A. DAVIS P 02/09/2009

Electronic Signature of Signing Officer or Director — Date