2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
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:

DAVIS, CALEB A CEO
3090 SW 37TH AVENUE
MIAMI, FL 33133 US

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: CALEB A. DAVIS 01/04/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD
Name: COLLERAN, ISABEL V
Address: 9330 S.W. 104 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: TD
Name: JAMES-FOUNTAIN, ZONDRA
Address: 5855 S.W. 61ST STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VCD
Name: YOUNG, ROBERT P
Address: 6825 HARDEE ROAD
City-St-Zip: SOUTH MIAMI, FL 33143

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

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

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: CALEB A. DAVIS P 01/04/2010
Electronic Signature of Signing Officer or Director Date