

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003676

FILED
Jul 28, 2009
Secretary of State

Entity Name: BE IN HEALTH, INCORPORATED

Current Principal Place of Business:

725 RONALD REAGAN BLVD, SUITE 109
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

4178 CREST HIGHWAY
THOMASTON, GA 30286

New Mailing Address:

FEI Number: 20-3532218 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNIGHT, WENDELL
440 ORIENTA POINT ST
ALTAMONTE SPRINGS, FL 32701 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WRIGHT, HENRY
Address: 25 HICKORY DR
City-St-Zip: THOMASTON, GA 30286

Title: VCPV () Delete
Name: HILL, ANITA
Address: 4178 CREST HWY
City-St-Zip: THOMASTON, GA 30286

Title: D () Delete
Name: ENGLISH, GREGORY
Address: 8828 KLONDIKE RD
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: SCHMIDT, THOMAS
Address: 602 FENWICK DR
City-St-Zip: SAN ANTONIO, TX 78239

Title: ST () Delete
Name: SHALES, ADRIENNE
Address: 128 CRESCENT
City-St-Zip: THOMASTON, GA 30286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ADRIENNE SHALES

ST

07/28/2009

Electronic Signature of Signing Officer or Director

Date