

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L85980

FILED
Mar 05, 2009
Secretary of State

Entity Name: BUDGET HEALTH CORPORATION

Current Principal Place of Business:

2500 EAST HALLANDALE BCH BLVD
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 EAST HALLANDALE BCH BLVD
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0205444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENKIN, SCOTT R
2500 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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: PDT () Delete
Name: HENKIN, SCOTT R
Address: 2500 EAST HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SVD () Delete
Name: FANDETTI, JOHN
Address: 1111 CRANDON BLVD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VD () Delete
Name: NEWMYER, ROBERT
Address: 2500 EAST HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V () Delete
Name: FANDETTI, MARIA
Address: 1111 CRANDON BLVD.
City-St-Zip: WESTON, FL 33149

Title: V () Delete
Name: BLUE, LORI
Address: 131 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: V () Change (X) Addition
Name: MEOLA, ANTHONY
Address: 7641 NW 13TH CT
City-St-Zip: PLANTATION, FL 33322

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT HENKIN

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date