

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L85980

FILED
Jan 05, 2011
Secretary of State

Entity Name: BUDGET HEALTH CORPORATION

Current Principal Place of Business:

2500 EAST HALLANDALE BCH BLVD
SUITE P
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2500 EAST HALLANDALE BCH BLVD
SUITE P
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 65-0205444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENKIN, SCOTT R
2500 E HALLANDALE BEACH BLVD
SUITE P
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
Name: HENKIN, SCOTT R
Address: 2500 EAST HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SVD
Name: FANDETTI, JOHN
Address: 2301 BELLEVUE CT.
City-St-Zip: HOOVER, AL 65226

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

Title: V
Name: FANDETTI, MARIA
Address: 2301 BELLEVUE CT
City-St-Zip: HOOVER, AL 65226

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

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

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

SIGNATURE: SCOTT HENKIN

PDT

01/05/2011

Electronic Signature of Signing Officer or Director

Date