

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001765

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: SOCIETY FOR VITALISTIC HEALTH, INC.

**Current Principal Place of Business:**

751 NE 168 STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

751 NE 168 STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-1086196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERNSTEIN, LARRY A MD  
751 NE 168 STREET  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

BERNSTEIN, LARRY A VMD  
751 NE 168 STREET  
NORTH MIAMI BEACH, FL 33162 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: LARRY A. BERNSTEIN

04/15/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BERNSTEIN, LARRY A  
Address: 751 NE 168 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DST ( ) Delete  
Name: BERNSTEIN, KAREN B  
Address: 751 NE 168 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: COHEN, MICHELE  
Address: 1101 88TH STREET  
City-St-Zip: SURFSIDE, FL 33154

Title: D ( ) Delete  
Name: MOUNT, PATTI  
Address: 1545 N.E. 104 STREET  
City-St-Zip: MAMI SHORES, FL 33138 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN B. BERNSTEIN

DST

04/15/2005

Electronic Signature of Signing Officer or Director

Date