

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2008
Secretary of State**

DOCUMENT# N01000001765

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 VMD
751 NE 168 STREET
NORTH MIAMI BEACH, FL 33162 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: 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

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

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: VPD () Change (X) Addition
Name: MOUNT, TOM
Address: 1545 N.E. 104 STREET
City-St-Zip: MAMI SHORES, FL 33138 US

Title: D () Change (X) Addition
Name: KIRBY, HOTCHNER
Address: 2700 S.W. 3RD AVENUE, #1E
City-St-Zip: CORAL GABLES, FL 33134 US

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: LARRY BERNSTEIN

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date