

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 24, 2008**  
**Secretary of State**

DOCUMENT# N03226

**Entity Name:** BETTER WAY OF MIAMI, INC.**Current Principal Place of Business:**800 NW 28 STREET  
MIAMI, FL 33127**New Principal Place of Business:****Current Mailing Address:**800 NW 28 STREET  
MIAMI, FL 33127**New Mailing Address:****FEI Number:** 59-2462933**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LANG, BETH  
% BETTER WAY  
800 NW 28 ST  
MIAMI, FL 33127 US**Name and Address of New Registered Agent:**LANG, MARY E  
% BETTER WAY  
800 NW 28 ST  
MIAMI, FL 33127 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: MARY E LANG

10/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VPD ( ) Delete  
**Name:** MOLANS, HEATHER  
**Address:** 16100 SW 173 AVENUE  
**City-St-Zip:** MIAMI, FL 33187**Title:** D ( ) Delete  
**Name:** LANG, BETH  
**Address:** 10901 NORTH BAY SHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33161**Title:** SD ( ) Delete  
**Name:** WHITEHEAD, LINDA  
**Address:** 1801 NW 9 AVENUE  
**City-St-Zip:** MIAMI, FL 33136**Title:** TD ( ) Delete  
**Name:** MARI, MARIA C  
**Address:** 9515 S.W. 136 STREET  
**City-St-Zip:** MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** LANG, MARY E  
**Address:** 10901 NORTH BAY SHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33161**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: MARY E LANG

D

10/24/2008

Electronic Signature of Signing Officer or Director

Date