

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007242

FILED
Apr 18, 2006
Secretary of State

Entity Name: BUENA VIDA HEALTH SERVICES, INC.

Current Principal Place of Business:

2129 W NEW HAVEN AVE
W MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2129 W NEW HAVEN AVE
W MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 64-0639722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, RALPH
2129 W NEW HAVEN AVE
W MELBOURNE, FL 32904 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: D () Delete
Name: CARTER, DANIEL
Address: 13490 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BARTON, BLAINE
Address: 13490 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BISHOP, RALPH
Address: 2129 W NEW HAVEN AVE
City-St-Zip: W MELBOURNE, FL 32904

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH BISHOP

ED

04/18/2006

Electronic Signature of Signing Officer or Director

Date