2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007242

Entity Name: BUENA VIDA HEALTH SERVICES, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
0.000.000.000.000.000	

2129 W NEW HAVEN AVE W MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

2129 W NEW HAVEN AVE W MELBOURNE, FL 32904

FEI Number: 20-3259961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BISHOP, RALPH LAM, CHARLES H

2129 W NEW HAVEN AVE 13490 OLD LIVINGSTON ROAD W MELBOURNE, FL 32904 US NAPLES, FL 34109

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: CHARLES H. LAM 05/01/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CARTER, DANIEL JOHNSON, THOMAS R Name: Name:

13490 LIVINGSTON RD Address: 3254 ROAN WAY Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: SAN ANTONIO, TX 78259

Title: () Delete Title: (X) Change () Addition Name: BARTON, BLAINE Name: DEWALD, FRANCIS R

Address: 13490 LIVINGSTON RD Address: 118 BROADWAY STREET, SUITE 325

City-St-Zip: NAPLES, FL 34109 City-St-Zip: SAN ANTONIO, TX 78205

Title: () Delete Title: (X) Change () Addition

BISHOP, RALPH Name: VENETTE, TRUDY J Name: 118 BROADWAY STREET, SUITE 325 Address: Address:

2129 W NEW HAVEN AVE

City-St-Zip: W MELBOURNE, FL 32904 City-St-Zip: SAN ANTONIO, TX 78205

Title: () Delete Title: () Change (X) Addition

Name: Name: LAM, CHARLES H

13490 OLD LIVINGSTON ROAD Address: Address: City-St-Zip:

City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: () Change (X) Addition

ALLEN, CARL Z Name: Name:

637 S. CHILTON AVENUE, SUITE C Address: Address:

TYLER, TX 75701 City-St-Zip: 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: CHARLES H. LAM D 05/01/2007