2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000007242

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

Name and Address of Current Registered Agent:

LAM, CHARLES H
13490 OLD LIVINGSTON ROAD
NAPLES, FL 34109 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: JOHNSON, THOMAS R
Address: 3254 ROAN WAY
City-St-Zip: SAN ANTONIO, TX 78259

Title: D ( ) Delete
Name: DEWALD, FRANCIS R
Address: 118 BROADWAY STREET, SUITE 325
City-St-Zip: SAN ANTONIO, TX 78205

Title: D ( ) Delete
Name: PHILLIPS, SCOTT R
Address: 13490 OLD LIVINGSTON ROAD
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: LAM, CHARLES H
Address: 13490 OLD LIVINGSTON ROAD
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: ALLEN, CARL Z
Address: 637 S. CHILTON AVENUE, SUITE C
City-St-Zip: TYLER, TX 75701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SANFORD, ANDREW E
Address: 13490 OLD LIVINGSTON ROAD
City-St-Zip: NAPLES, FL 34109

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: CHARLES H. LAM DIR 04/16/2009

Electronic Signature of Signing Officer or Director — Date