2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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
Name: JOHNSON, THOMAS R
Address: 3254 ROAN WAY
City-St-Zip: SAN ANTONIO, TX 78259

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANDREW E. SANFORD D 03/22/2010

Electronic Signature of Signing Officer or Director Date