

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007242

FILED
Jan 23, 2012
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:

13490 OLD LIVINGSTON ROAD
NAPLES, FL 34109

FEI Number: 20-3259961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LAM, CHARLES H
13490 OLD LIVINGSTON ROAD
NAPLES, FL 34109 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: CHARLES H. LAM

01/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: BARTON, BLAINE E
Address: 2395 PINWOODS CIRCLE
City-St-Zip: NAPLES, FL 34105

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

Title: D
Name: LESTER, LANCE J
Address: 1120 RIDGE STREET
City-St-Zip: NAPLES, FL 34103

Title: D
Name: CARTER, BRETT D
Address: 2760 70TH STREET SW
City-St-Zip: NAPLES, FL 34105

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: CHARLES H. LAM

D

01/23/2012

Electronic Signature of Signing Officer or Director

Date