

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010382

FILED
Apr 30, 2007
Secretary of State

Entity Name: BUENA VIDA HEALTH SERVICES-ODESSA, 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: 20-5716034

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:

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

04/30/2007

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, THOMAS R
Address: 3254 ROAN WAY
City-St-Zip: SAN ANTONIO, TX 78259

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

Title: D (X) Change () Addition
Name: VENETTE, TRUDY J
Address: 118 BROADWAY STREET, SUITE 325
City-St-Zip: SAN ANTONIO, TX 78205

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

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

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

04/30/2007

Electronic Signature of Signing Officer or Director

Date