

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90507 046 ***150.00

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DOCUMENT # P03000146765 1. Entity Name BEN HEALTHCARE SERVICES INC.					
Principal Place of Business 3237 NW 7TH ST #102 MIAMI, FL 33125			Mailing Address 3237 NW 7TH ST #102 MIAMI, FL 33125		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0460894	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NUNEZ, JOSE A 3213 SW 139 AVE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE: <u><i>Jose A. Nunez</i></u> JOSE A. NUNEZ				DATE: <u>4/29/05</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUNEZ, JOSE A 2213 SW 139 AVE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEON, ANTONIO 10421 SW 142 AVE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ERIC A. VALEZ 13440 S.W. 90 TERR. MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jose A. Nunez</i></u> JOSE A. NUNEZ					
DATE: <u>4/29/05</u> DAYTIME PHONE: <u>305-643-3323</u>					