

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026089

FILED
Mar 21, 2009
Secretary of State

Entity Name: BETTER LIFE MEDICAL ASSISTANCE INC.

Current Principal Place of Business:

5145 SW 113 AVE
MIAMI, FL 33165 US

New Principal Place of Business:

8500 SW 8TH STREET
252
MIAMI, FL 33144 US

Current Mailing Address:

5145 SW 113 AVE
MIAMI, FL 33165 US

New Mailing Address:

8500 SW 8TH STREET
252
MIAMI, FL 33144 US

FEI Number: 20-0712166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE L
2665 S BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, YELINA
Address: 5145 SW 113 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, YELINA
Address: 10525 SW 7TH TE.
City-St-Zip: MIAMI, FL 33174

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YELINA I GONZALEZ

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date