

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000085985

**FILED**  
**Dec 10, 2009**  
**Secretary of State****Entity Name:** BETLIFE HEALTHCARE CORP.**Current Principal Place of Business:**11890 SW 8 ST  
208  
MIAMI, FL 33184**New Principal Place of Business:****Current Mailing Address:**11890 SW 8 ST  
208  
MIAMI, FL 33184**New Mailing Address:****FEI Number:** 05-0605532**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**VIERA, JUAN C  
8257 NW 64 ST  
MIAMI, FL 33166 US**Name and Address of New Registered Agent:**MARTINEZ, LOUIS V  
2333 BRICKELL AVE  
A-1  
MIAMI, FL 33129 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:** LOUIS V. MARTINEZ

12/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** VIERA, JUAN C  
**Address:** 8257 NW 64 ST  
**City-St-Zip:** MIAMI, FL 33166**Title:** VP (X) Delete  
**Name:** CABRERA, LEANET  
**Address:** 310 SW 136 PL  
**City-St-Zip:** MIAMI, FL 33184**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** ROMERO, ARMANDO  
**Address:** 11890 SW 8 ST # 208  
**City-St-Zip:** MIAMI, FL 33184**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** ARMANDO ROMERO

P

12/10/2009

Electronic Signature of Signing Officer or Director

Date