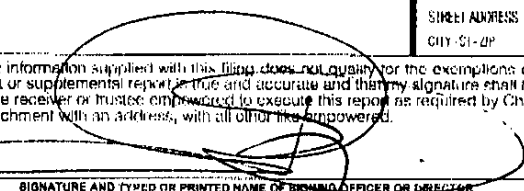


**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P04000154761 1. Entity Name BENSIMON HEALTH CENTER, INC				FILED 07 MAY 15 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2303 HOLLYWOOD BLVD. SUITE 12 HOLLYWOOD, FL 33020		Mailing Address 2303 HOLLYWOOD BLVD. SUITE 12 HOLLYWOOD, FL 33020			
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		5032007 Chg-P CR2E034 (12/06)	
Country		Country		4. FFI Number 20-1882966	
5. Certificate of Status Desired ☐		6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL 6473 SW 8 STREET MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE: _____					
Amended AR is \$61.25		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	P RODRIGUEZ, MIGUEL 6473 SW 8 STREET MIAMI, FL 33144		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400103613494 05/31/07--01036--014 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, REYNALDO 10950 SW 61 STREET MIAMI FL 33173	
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 exemptions contained 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 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: X 			5/3/07		