

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000154761

**FILED**  
**Jul 17, 2008**  
**Secretary of State**

**Entity Name:** BENSIMON HEALTH CENTER, INC

**Current Principal Place of Business:**

2303 HOLLYWOOD BLVD.  
SUITE 12  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2303 HOLLYWOOD BLVD.  
SUITE 12  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 20-1882966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MIGUEL  
6473 SW 8 STREET  
MIAMI, FL 33144 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BENSIMON, SIMON  
Address: 300 BAY VIEW DR # 1506  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete  
Name: GALVIS, JONATHAN  
Address: 300 BAY VIEW DRIVE # 1506  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARBULU, MARIA DEL P  
Address: 6801 HARDING AVE. APT# 303  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change ( ) Addition  
Name: GALVIS, JONATHAN  
Address: 300 BAYVIEW DR APT# 1506  
City-St-Zip: SUNNY ISLES, FL 33160

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: JONATHAN GALVIS

D

07/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date