

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099197

Entity Name: BEST HEALTH SERVICES, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1210 S. FEDERAL HWY,
STE.101
BOYNTON BEACH, FL 33435

New Principal Place of Business:

5317 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

1210 S. FEDERAL HWY,
STE.101
BOYNTON BEACH, FL 33435

New Mailing Address:

5317 LAKE WORTH ROAD
LAKE WORTH, FL 33463

FEI Number: 26-0845578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PTSD () Delete
Name: BEICHMAN, PETER
Address: 7032 ASHTON ST.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: GLORIA, WELT
Address: 7032 ASHTON ST.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER BEICHMAN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date