

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116709

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: BETTER HEALTH CARE ENTERPRISES, INC.

## Current Principal Place of Business:

103 RIVERA STREET  
LEHIGH ACRES, FL 33936 US

## New Principal Place of Business:

1115 THOMPSON AVENUE  
LEHIGH ACRES, FL 33972 US

## Current Mailing Address:

103 RIVERA STREET  
LEHIGH ACRES, FL 33936 US

## New Mailing Address:

1115 THOMPSON AVENUE  
LEHIGH ACRES, FL 33972 US

FEI Number: 26-1289522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WHYTE, NEBERT P  
103 RIVERA STREET  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

LEVINE, MORRIE I  
3230 STIRLING ROAD  
2  
HOLLYWOOD, FL 33021 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: MORRIE I. LEVINE

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,VP ( ) Delete  
Name: WHYTE, NEBERT P  
Address: 103 RIVERA STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAMPBELL, DAPHNE  
Address: 1115 THOMPSON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP ( ) Change (X) Addition  
Name: JONES, KIESHER  
Address: 1115 THOMPSON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: DAPHNE CAMPBELL

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date