

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Apr 02, 2009  
Secretary of State**

DOCUMENT# P07000116709

Entity Name: BETTER HEALTH CARE ENTERPRISES, INC.

**Current Principal Place of Business:**1115 THOMPSON AVENUE  
LEHIGH ACRES, FL 33972 US**New Principal Place of Business:**103 RIVIERA STREET  
LEHIGH ACRES, FL 33936 US**Current Mailing Address:**1115 THOMPSON AVENUE  
LEHIGH ACRES, FL 33972 US**New Mailing Address:**103 RIVIERA STREET  
LEHIGH ACRES, FL 33936 US

FEI Number: 26-1289522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LEVINE, MORRIE I  
3230 STIRLING ROAD  
2  
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**WHYTE, NEBERT P  
103 RIVIERA STREET  
LEHIGH ACRES, FL 33936.... 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: NEBERT WHYTE

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: CAMPBELL, DAPHNE  
Address: 1115 THOMPSON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972 USTitle: VP ( ) Delete  
Name: JONES, KIESHER  
Address: 1115 THOMPSON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33971 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: WHYTE, NEBERT P MRS.  
Address: 103 RIVIERA STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 USTitle: VP (X) Change ( ) Addition  
Name: WHYTE, NEBERT P MRS.  
Address: 103 RIVIERA STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 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: NEBERT WHYTE

DIR

04/02/2009

Electronic Signature of Signing Officer or Director

Date