

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134407

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: BEE WELL HOME HEALTH CARE, INC.

## Current Principal Place of Business:

409 W. HALLANDALE BEACH BLVD, SUITE 202  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

1013 N. DIXIE HWY.  
HALLANDALE BEACH, FL 33009

## Current Mailing Address:

409 W. HALLANDALE BEACH BLVD, SUITE 202  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

1013 N. DIXIE HWY.  
HALLANDALE BEACH, FL 33009

FEI Number: 26-1618957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GLUZMAN, MICHAEL  
3201 NE 183RD ST.  
1204  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

GLUZMAN, MICHAEL  
21055 NE 37 AVE.  
2203  
AVENTURA, FL 33180 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: MICHAEL GLUZMAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GLUZMAN, MICHAEL  
Address: 3201 NE 183RD ST. #1204  
City-St-Zip: AVENTURA, FL 33160

Title: TREA ( ) Delete  
Name: GLUZMAN, MICHAEL  
Address: 3201 NE 183RD ST. #1204  
City-St-Zip: AVENTURA, FL 33160

Title: CLER ( ) Delete  
Name: GLUZMAN, MICHAEL  
Address: 3201 NE 183RD ST. #1204  
City-St-Zip: AVENTURA, FL 33160

Title: DIR ( ) Delete  
Name: GLUZMAN, MICHAEL  
Address: 3201 NE 183RD ST. #1204  
City-St-Zip: AVENTURA, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GLUZMAN, MICHAEL  
Address: 21055 NE 37 AVE. APT. 2203  
City-St-Zip: AVENTURA, FL 33180

Title: TREA (X) Change ( ) Addition  
Name: GLUZMAN, MICHAEL  
Address: 21055 NE 37 AVE. APT. 2203  
City-St-Zip: AVENTURA, FL 33180

Title: CLER (X) Change ( ) Addition  
Name: GLUZMAN, MICHAEL  
Address: 21055 NE 37 AVE. APT. 2203  
City-St-Zip: AVENTURA, FL 33180

Title: DIR (X) Change ( ) Addition  
Name: GLUZMAN, MICHAEL  
Address: 21055 NE 37 AVE. APT. 2203  
City-St-Zip: AVENTURA, FL 33180

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: MICHAEL GLUZMAN

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date