

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000078890**

1. Entity Name  
**BELL HEALTH CARE, INC.**



Principal Place of Business  
**633 NE 167 ST.  
SUITE 801  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**633 NE 167 ST.  
SUITE 801  
NORTH MIAMI BEACH, FL 33162**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0467987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KATZEN, BRUCE A ESQUIRE  
KLUGER, PERETZ, KAPLAN & BERLIN, P.A.  
201 S. BISCAYNE BLVD., SUITE 1700  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS MARCANO-HOLDER, MERLIN 633 NE 167 STREET NORTH MIAMI BEACH, FL 33162
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07/08/04-80011-020 550.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_