

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078890

Entity Name: BELL HEALTH CARE, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1150 N E 125TH STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

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

New Mailing Address:

1150 N E 125TH STREET
NORTH MIAMI, FL 33161

FEI Number: 65-0467987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: DP () Delete
Name: STAHL, MICHAEL
Address: 633 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DVTS () Delete
Name: MARCANO-HOLDER, MERLIN
Address: 633 NE 167 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STAHL, MICHAEL
Address: 1150 N E 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVTS (X) Change () Addition
Name: MARCANO-HOLDER, MERLIN
Address: 1150 N E 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 STAHL

PRES

01/11/2005

Electronic Signature of Signing Officer or Director

Date