

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000078890

Entity Name: BELL HEALTH CARE, INC.

FILED
May 29, 2008
Secretary of State**Current Principal Place of Business:**1150 N E 125TH STREET
NORTH MIAMI, FL 33161**New Principal Place of Business:****Current Mailing Address:**1150 N E 125TH STREET
NORTH MIAMI, FL 33161**New Mailing Address:**10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 US

FEI Number: 65-0467987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:STAHL, EDWARD
1150 N.E. 125 TH STREET
NORTH MIAMI, FL 33161 US**Name and Address of New Registered Agent:**SODERQUIST, ALAN L
10451 NW 117TH AVENUE
SUITE 110
MIAMI, FL 33178 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: ALAN L. SODERQUIST

05/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: STAHL, MICHAEL
Address: 1150 N E 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161Title: DVTS () Delete
Name: MARCANO-HOLDER, MERLIN
Address: 1150 N E 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: WAGNER, HARVEY A
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 USTitle: S (X) Change () Addition
Name: MARBLE, STEPHEN G
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 USTitle: DEVP () Change (X) Addition
Name: SODERQUIST, ALAN L
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 USTitle: COO () Change (X) Addition
Name: HOCHHAUSER, STEVEN
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 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: ALAN L. SODERQUIST

EVP

05/29/2008

Electronic Signature of Signing Officer or Director

Date