

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043218

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** BEST CARE CONSULTANTS, INC

**Current Principal Place of Business:**

100 LINCOLN RD  
SUITE #910  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

100 LINCOLN RD  
SUITE #910  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 36-4530821      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERA, GLADYS  
100 LINCOLN RD  
SUITE #910  
MIAMI BEACH, FL 33139 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:** D  
**Name:** RIVERA, GLADYS  
**Address:** 100 LINCOLN RD, SUITE #910  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VP  
**Name:** GRANT, BARBARA  
**Address:** 100 LINCOLN RAOD, STE 910  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: GLADYS RIVERA

MS.

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date