

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000004091

FILED
Oct 02, 2014
Secretary of State

Entity Name: BEST CARE THERAPY SERVICES, INC.

Current Principal Place of Business:

1900 W 68 ST
I-201
HIALEAH, FL 33014

New Principal Place of Business:

8425 NW 165 TERRACE
MIAMI LAKES, FL 33016

Current Mailing Address:

1900 W 68 ST
I-201
HIALEAH, FL 33014

New Mailing Address:

8425 NW 165 TERRACE
MIAMI LAKES, FL 33016

FEI Number: 27-4521655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORA, DANAE
1900 W 68 ST
I-201
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

MORA, DANAE
8425 NW 165 TERRACE
MIAMI LAKES, FL 33016 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: DANAE MORA

10/02/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MORA, DANAE
Address: 8425 NW 165 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

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: DANAE MORA

PRES

10/02/2014

Electronic Signature of Signing Officer or Director

Date