


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000089643**

1. Entity Name  
TLC BEST HOME CARE SERVICES, INC.



Principal Place of Business  
107 GREELY LOOP  
DAVENPORT, FL 33897

Mailing Address  
P.O. BOX 135665  
CLERMONT, FL 34713-5665



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3561192	Applied For 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

BROWN, JAMES M  
107 GREELY LOOP  
DAVENPORT, FL 33897

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000482659  
04/11/06 80085-003 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DTP
NAME	BROWN, JAMES M
STREET ADDRESS	107 GREELY LOOP
CITY-STATE-ZIP	DAVENPORT, FL 33897
TITLE	S
NAME	BROWN, LISA
STREET ADDRESS	107 GREELEY LOOP
CITY-STATE-ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James M Brown Date: 3/15/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR