

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000004091

Entity Name: BEST CARE THERAPY SERVICES, INC.

Current Principal Place of Business:

8425 NW 165 TERRACE
MIAMI LAKES, FL 33016

Current Mailing Address:

8425 NW 165 TERRACE
MIAMI LAKES, FL 33016

FEI Number: 27-4521655

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRES
Name MORA, DANAE
Address 8425 NW 165 TERRACE
City-State-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

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04/09/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date