

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000004091

Entity Name: BEST CARE THERAPY SERVICES, INC.

Current Principal Place of Business:

1900 W 68 ST
I-201
HIALEAH, FL 33014

Current Mailing Address:

1900 W 68 ST
I-201
HIALEAH, FL 33014

FEI Number: 27-4521655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORA, DANAE
1900 W 68 ST
I-201
HIALEAH, FL 33014 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 P
Name MORA, DANAE
Address 1900 W 68 ST SUITE I-201
City-State-Zip: HIALEAH FL 33014

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

PRESIDENT

06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date