

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004091

**Entity Name:** BEST CARE THERAPY SERVICES, INC.

**Current Principal Place of Business:**

18251 SW 25TH ST  
MIRAMAR, FL 33029

**Current Mailing Address:**

18251 SW 25TH ST  
MIRAMAR, FL 33029 US

**FEI Number:** 27-4521655

**Certificate of Status Desired:** No

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

MORA, DANAE  
18251 SW 25TH ST  
MIRAMAR, FL 33029 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        18251 SW 25TH ST  
City-State-Zip: MIRAMAR FL 33029

*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**

**02/23/2024**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date