

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000021682

Entity Name: BEST CARE NETWORK, INC

Current Principal Place of Business:

1498 NW 36 ST
MIAMI, FL 33142

Current Mailing Address:

1498 NW 36 ST
MIAMI, FL 33142 US

FEI Number: 30-0960643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTO, MADELAINE
1498 NW 36 ST
MIAMI, FL 33142 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: MADELAINE SOUTO

02/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SOUTO, MADELAINE
Address 1498 NW 36 ST
City-State-Zip: MIAMI FL 33142

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: MADELAINE SOUTO

PRESIDENT

02/22/2019

Electronic Signature of Signing Officer/Director Detail

Date