

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000012811

**Entity Name:** BRIGHT CARE BRANCH,CORP

**Current Principal Place of Business:**

12972 SW 132 ND AVE  
MIAMI, FL 33186

**Current Mailing Address:**

10500 SW 108 AVE  
B 113  
MIAMI, FL 33176

**FEI Number:** 47-3076598

**Certificate of Status Desired:** No

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

AQUINO, HODELIN R SR  
12972 SW 132 ND AVE  
MIAMI, FL 33186 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	Title	P
Name	AQUINO, HODELIN R SR	Name	ABDEL KADER, KENIA MRS
Address	12972 SW 132 ND AVE	Address	12972 SW 132 ND AVE
City-State-Zip:	MAIMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** HODELIN R. AQUINO

**PRESIDENT**

**04/26/2016**

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

\_\_\_\_\_  
Date