

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # H56893

1. Entity Name
BEST OF CARE MEDICAL SERVICES, INC.



Principal Place of Business
**819 SOUTHEAST 9TH STREET
DEERFIELD BEACH, FL 33441**

Mailing Address
**819 SOUTHEAST 9TH STREET
DEERFIELD BEACH, FL 33441**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2537203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOMBERG, ARTHUR
819 SE 9TH STREET
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GOMBERG, ARTHUR
819 SE 9TH STREET
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000468535
03/24/06-80037-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #