2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 014 ***150.00

DOCUMENT # H56893

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

400036010

01142008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
819 SOUTHEAST 9TH STREET DEERFIELD BEACH, FL 33441	819 SOUTHEAST 9TH STREET DEERFIELD BEACH, FL 33441
2. Principal Place of Business - No P.O. Box # 36 N.E. 2nd Avenue Suite, Apt. #, etc.	3. Mailing Address 36 N.E. 2nd Avenue Suite, Apt. #, etc.
City & State Deerfield Beach	City & State Deerfield Beach
Zip 33441 Country Broward	Zip 33441 Country Broward

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

7. Name and Address of New Registered Agent

Name: Gomberg, Arthur
Street Address (P.O. Box Number is Not Acceptable): 36 N.E. 2nd Avenue
City: Deerfield Beach FL Zip Code 33441

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] 1/03/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMBERG, ARTHUR 819 SE 9TH STREET DEERFIELD BEACH, FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gomberg, Arthur 36 NE 2nd Avenue Deerfield Beach, Fl 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: [signature] 1/03/08 954-421-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #