

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041695

FILED
Apr 12, 2010
Secretary of State

Entity Name: BEST CARE INSURANCE, LLC

Current Principal Place of Business:

170 S. SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

164 S. SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

170 S. SEMORAN BLVD
ORLANDO, FL 32807

New Mailing Address:

164 S. SEMORAN BLVD
ORLANDO, FL 32807

FEI Number: 20-8870909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, MARIA S
170 S. SEMORAN BLVD
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

COLON, MARIA S
164 S. SEMORAN BLVD
ORLANDO, FL 32807 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: MARIA S COLON

04/12/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COLON, MARIA S
Address: 164 S SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA S COLON

MGRM

04/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date