

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90064 012 ***158.75

DOCUMENT # M08601

1. Entity Name

BEST CARE HOME HEALTH, INC.



Principal Place of Business

**18425 NW 2ND AVE
STE. 355
MIAMI FL 33169
US**

Mailing Address

**18425 NW 2ND AVE
STE. 355
MIAMI FL 33169
US**

24008939



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2475027

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WILMA
18425 NW 2ND AVE
STE. 355
MIAMI FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, WILMA
STREET ADDRESS 4501 S.W. 43RD AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☐ Delete
NAME SPECTOR, MARC
STREET ADDRESS 18425 SW 51ST ST
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE VP ☐ Delete
NAME SCHERFER, JACQUE
STREET ADDRESS 16424 RUBY LAKE
CITY-ST-ZIP WESTON FL 33331

TITLE ST ☐ Delete
NAME SPECTOR, ALAN
STREET ADDRESS 18425 NW 2ND AVE., STE 355
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18425 NW 2ND AVE. #355
CITY-ST-ZIP Miami, FL 33169

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18425 NW 2ND AVE. #355
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wilma Smith Pres. 1/26/04 (905) 652-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #