

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90153 015 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

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

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	PD SMITH, WILMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4501 S.W. 43RD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE NAME	PD SPECTOR, MARC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18425 NW 2ND AVE, #355	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME	VP SCHERFER, JACQUE	<input type="checkbox"/> Delete
STREET ADDRESS	18425 NW 2ND AVE., #355	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME	ST SPECTOR, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	18425 NW 2ND AVE., STE 355	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD SMITH, WILMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18425 NW 2ND AVE. #355	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME	VP MARC SPECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18425 NW 2ND AVE. #355	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARC SPECTOR VP 4/13/06 (305) 652-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #