

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**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**



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2475027**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SMITH, WILMA  
STREET ADDRESS 18425 NW 2ND AVE., #355  
CITY-ST-ZIP MIAMI, FL 33169

TITLE VP  
NAME SPECTOR, MARC  
STREET ADDRESS 18425 NW 2ND AVE., #355  
CITY-ST-ZIP MIAMI, FL 33169

TITLE VP  
NAME SCHERFER, JACQUE  
STREET ADDRESS 18425 NW 2ND AVE., #355  
CITY-ST-ZIP MIAMI, FL 33169

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000726434  
05/04/07-80007-014 150.00

**DO NOT WRITE  
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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARC SPECTOR / VP**

**4/4/07 3056523311**