

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010956

FILED
Oct 10, 2009
Secretary of State

Entity Name: BEST CARE GROUP HOME, INC.

Current Principal Place of Business:

2622 NW 47TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2622 NW 47TH STREET
MIAMI, FL 33147

New Mailing Address:

15400 NW 18TH AVE
MIAMI, FL 33054

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER-BROCK, LITARCHA
2622 NW 47TH STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

COOPER-BROCK, LITARCHA
15400 NW 18TH AVE
MIAMI, FL 33054 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: LITARCHA COOPER-BROCK

10/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOPER-BROCK, LITARCHA
Address: 2622 NW 47TH STREET
City-St-Zip: MIAMI, FL 33147

Title: VT () Delete
Name: DAVIS, TRAVIS
Address: 2328 NW 60TH STREET
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: EDWARDS-DIXON, SHERRIE
Address: 12160 NW 22ND PLACE
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOPER-BROCK, LITARCHA
Address: 15400 NW 18TH AVE
City-St-Zip: MIAMI, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LITARCHA COOPER-BROCK

P

10/10/2009

Electronic Signature of Signing Officer or Director

Date