

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004267

FILED
Jul 18, 2011
Secretary of State

Entity Name: BEST CARE COMMUNITY AND FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

514 W JEFFERSON ST
QUINCY, FL 32353

New Principal Place of Business:

14678 MAIN STREET
GRETNA, FL 32332

Current Mailing Address:

514 W JEFFERSON ST
QUINCY, FL 32353

New Mailing Address:

14678 MAIN STREET
GRETNA, FL 32332

FEI Number: 45-2741402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINGE, MONICA
4967 PIMLICO DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOUIS, EMLYN MD
Address: 10284 MEDICIS PLACE
City-St-Zip: WELLINGTON, FL 33449

Title: V
Name: FLEMING, SHANNON
Address: 6833 CANOPY GROVE LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: S
Name: RAINGE, MONICA
Address: 4967 PIMLICO DR
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: EMLYN LOUIS

P

07/18/2011

Electronic Signature of Signing Officer or Director

Date