2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2012
Secretary of State

DOCUMENT# N10000004267

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

Current Principal Place of Business:

14678 MAIN STREET
GRETNA, FL 32332

New Principal Place of Business:

Current Mailing Address:

14678 MAIN STREET
GRETNA, FL 32332

New Mailing Address:

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: D
Name: COLSTON, SHERYL
Address: 1600 EAGLES LANDING BLVD, APT. 57
City-St-Zip: TALLAHASSEE, FL 32308

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 06/25/2012

Electronic Signature of Signing Officer or Director — Date