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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                                                                                                                                                                                                        |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>DOCUMENT # P00000003963</b><br>1. Entity Name<br><b>BEST CARE OF DAYTONA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                                                                                                                                                                        |                                             |
| Principal Place of Business<br><b>155 LAKESIDE WEST<br/>DAYTONA BEACH, FL 32118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | Mailing Address<br><b>155 LAKESIDE WEST<br/>DAYTONA BEACH, FL 32118</b>                                                                                                                                |                                             |
| 2. Principal Place of Business<br><b>155 Lakeside West Dr.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | 3. Mailing Address<br><b>155 Lakeside West Dr.</b><br>Suite, Apt. #, etc.                                                                                                                              |                                             |
| City & State<br><b>Port Orange, FL</b><br>Zip<br><b>32128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | City & State<br><b>Port Orange, FL</b><br>Zip<br><b>32128</b>                                                                                                                                          |                                             |
| Country<br><b>Volusia</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | Country<br><b>Volusia</b>                                                                                                                                                                              |                                             |
| 4. FEI Number<br><b>59-3619469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                 |                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | \$8.75 Additional Fee Required                                                                                                                                                                         |                                             |
| 6. Name and Address of Current Registered Agent<br><b>POPE-FEORE, TERRI ANN<br/>155 LAKESIDE WEST<br/>DAYTONA BEACH, FL 32118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | 7. Name and Address of New Registered Agent<br>Name<br><b>John P. Feore, Sr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>155 Lakeside West Drive</b><br>City<br><b>Port Orange</b> |                                             |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | Zip Code<br><b>32128</b>                                                                                                                                                                               |                                             |
| 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.<br>SIGNATURE <u><i>J. P. Feore</i></u> <b>John P. Feore, Sr. (Pres.)</b> DATE <b>10/24/03</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)</small>                                                                                                                                                        |                                               |                                                                                                                                                                                                        |                                             |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                        |                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                  |                                             |
| TITLE<br><b>PTD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br><b>FEORE, JOHN PETER SR</b>           | TITLE<br><b>P/T/S/D</b>                                                                                                                                                                                | NAME<br><b>Feore, John P. Sr.</b>           |
| STREET ADDRESS<br><b>155 LAKESIDE WEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CITY-ST-ZIP<br><b>DAYTONA BEACH, FL 32118</b> | STREET ADDRESS<br><b>155 Lakeside West Dr.</b>                                                                                                                                                         | CITY-ST-ZIP<br><b>Port Orange, FL 32128</b> |
| TITLE<br><b>VSD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br><b>POPE-FEORE, TERRI ANN</b>          | TITLE<br><b>500024266615</b>                                                                                                                                                                           | NAME<br><b>10/30/03--01010--007 **61.25</b> |
| STREET ADDRESS<br><b>155 LAKESIDE WEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CITY-ST-ZIP<br><b>DAYTONA BEACH, FL 32118</b> | STREET ADDRESS<br>                                                                                                                                                                                     | CITY-ST-ZIP<br>                             |
| TITLE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME<br>                                      | TITLE<br>                                                                                                                                                                                              | NAME<br>                                    |
| STREET ADDRESS<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY-ST-ZIP<br>                               | STREET ADDRESS<br>                                                                                                                                                                                     | CITY-ST-ZIP<br>                             |
| TITLE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME<br>                                      | TITLE<br>                                                                                                                                                                                              | NAME<br>                                    |
| STREET ADDRESS<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY-ST-ZIP<br>                               | STREET ADDRESS<br>                                                                                                                                                                                     | CITY-ST-ZIP<br>                             |
| TITLE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME<br>                                      | TITLE<br>                                                                                                                                                                                              | NAME<br>                                    |
| STREET ADDRESS<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY-ST-ZIP<br>                               | STREET ADDRESS<br>                                                                                                                                                                                     | CITY-ST-ZIP<br>                             |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>J. P. Feore</i></u> <b>John P. Feore, Sr.</b> DATE <b>10/24/03</b> (386) 788-3199<br><small>(Signature and typed or printed name of signing officer or director)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | President                                                                                                                                                                                              |                                             |

CORZEC34 (10/02)

7/11/4