

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114131

FILED
Jan 04, 2008
Secretary of State

Entity Name: BEST CARE REHAB. CENTER INC.

Current Principal Place of Business:

239 LAWN WAY
MIAMI SPRING, FL 33166

New Principal Place of Business:

Current Mailing Address:

239 LAWN WAY
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-1156702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REY, SORAYA
239 LAWN WAY
MIAMI SPRING, FL 33166 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REY, SORAYA
Address: 239 LAWN WAY
City-St-Zip: MIAMI SPRING, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SORAYA REY

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date