

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114131

FILED  
Jan 07, 2010  
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 (X)**

**Name and Address of Current Registered Agent:**

REY, SORAYA  
239 LAWN WAY  
MIAMI SPRING, FL 33166 US

**Name and Address of New Registered Agent:**

REY, SORAYA  
239 LAWN WAY  
MIAMI SPRINGS, FL 33166 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:**

01/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REY, SORAYA  
Address: 239 LAWN WAY  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

**SIGNATURE:** SORAYA REY

PD

01/07/2010

Electronic Signature of Signing Officer or Director

Date