# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# P03000012244

**Entity Name:** BETTER CARE SERVICES, INC.

**Current Principal Place of Business:**

11611 100TH STREET SOUTH
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

812 NW 29TH COURT
WILTON MANORS, FL 33311

**Current Mailing Address:**

11611 100TH STREET SOUTH
BOYNTON BEACH, FL 33437

**New Mailing Address:**

812 NW 29TH COURT
WILTON MANORS, FL 33311

**FEI Number: 05-0559662** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DANE, VERONICA C
812 NW 29 CT
WILTON MANORS, FL 33311 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: P ( ) Delete
Name: ANGOVE, JUDY
Address: 812 NW 29TH COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: VP (X) Delete
Name: VANDERVOORT, JOSEPH N
Address: 5711 NW 40TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUDY ANGOVE PRES 04/28/2008
Electronic Signature of Signing Officer or Director Date