

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014409

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: BEST HOME CARE CORPORATION

## Current Principal Place of Business:

9500 NW 77 AVE  
SUITE 18  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

9500 NW 77 AVE  
SUITE 18  
HIALEAH GARDENS, FL 33016

## New Mailing Address:

FEI Number: 05-0551779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, TYRONE ADMIN  
20050 NW 63 AVE  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

WILLIAMS, TYRONE F ARNP  
20050 NW 63 AVE  
HIALEAH, FL 33015 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: TYRONE WILLIAMS, ARNP

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, TYRONE F ADMIN.  
Address: 20050 NW 63 AVE  
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WILLIAMS, TYRONE F ARNP  
Address: 20050 NW 63 AVE  
City-St-Zip: HIALEAH, FL 33015 US

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, PAULA A  
Address: 20050 NW 63 AVENUE  
City-St-Zip: HIALEAH, FL 33015 US

Title: SEC ( ) Change (X) Addition  
Name: THORNTON, KRISHAWNA D  
Address: 20041 NW 63 AVENUE  
City-St-Zip: HIALEAH, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TYRONE WILLIAMS, ARNP

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

Date