

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014409

FILED
Jan 03, 2008
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 F ARNP
20050 NW 63 AVE
HIALEAH, FL 33015 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: PRES () Delete
Name: WILLIAMS, TYRONE F ARNP
Address: 20050 NW 63 AVE
City-St-Zip: HIALEAH, FL 33015 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TYRONE FRAY WILLIAMS

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date