

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000014767

FILED  
May 02, 2006  
Secretary of State

Entity Name: BEST CARE AGENCY OF DADE COUNTY, INC.

## Current Principal Place of Business:

7825 CAMINO REAL, J314  
MIAMI, FL 33143

## New Principal Place of Business:

7010 NE 4TH. COURT  
MIAMI, FL 33138

## Current Mailing Address:

7825 CAMINO REAL, J314  
MIAMI, FL 33143

## New Mailing Address:

7010 NE. 4TH. COURT  
MIAMI, FL 33138

FEI Number: 56-2430757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTOR, SEVIGNE  
7825 CAMINO REAL, J314  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

CASTOR, SEVIGNE  
7010 NE 4TH. COURT  
MIAMI, FL 33138 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: SEVIGNE CASTOR

05/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASTOR, SEVIGNE  
Address: 7825 CAMINO REAL, J314  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: GASTON, MICHELE  
Address: 7825 CAMINO REAL, J314  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: FONTAINE, SERGE  
Address: 310-S NE FIRST AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete  
Name: FONTAINE, RAYMOND  
Address: 310-S NE FIRST AVENUE  
City-St-Zip: HALLANDALE, FL 33009

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CASTOR, SEVIGNE  
Address: 7010 NE 4TH. COURT  
City-St-Zip: MIAMI, FL 33138

Title: D (X) Change ( ) Addition  
Name: YANICK, CASTOR  
Address: 7010 NE. 4TH. COURT  
City-St-Zip: MIAMI, FL 33138

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

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

Title: D ( ) Change (X) Addition  
Name: KARLYN, FONTAINE  
Address: 7010 NE. 4TH. COURT  
City-St-Zip: MIAMI, FL 33138

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: SEVIGNE CASTOR

VP

05/02/2006

Electronic Signature of Signing Officer or Director

Date