

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014767

FILED  
May 05, 2008  
Secretary of State

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

## Current Principal Place of Business:

666 NE 125 STREET  
231  
NORTH-MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

666 NE 125 STREET  
NORTH-MIAMI, FL 33161

## New Mailing Address:

FEI Number: 56-2430757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FONTAINE, SERGE  
666 NE 125 STREET  
NORTH-MIAMI, FL 33161 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

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: 666 NE 125 STREET  
City-St-Zip: NORTH-MIAMI, FL 33168

Title: D ( ) Delete  
Name: YANICK, CASTOR  
Address: 7666 NE 125 STREET  
City-St-Zip: NORTH-MIAMI, FL 33168

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

## 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:

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: SERGE FONTAINE

ADM

05/05/2008

Electronic Signature of Signing Officer or Director

Date