

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151481

FILED
Feb 17, 2011
Secretary of State

Entity Name: BEST CARE SOLUTIONS, INC.

Current Principal Place of Business:

7012 LIGHTNING BUG WAY
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3272
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: 20-1830435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, DEBORAH K
8203 FERNVALE STREET
RIVERVIEW, FL 33578 US

Name and Address of New Registered Agent:

STEVENS, ANGELA M
7009 LIGHTNING BUG WAY
RIVERVIEW, FL 33578 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: ANGELA M STEVENS

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MORRIS, PAMELA M
Address: P.O. BOX 3272
City-St-Zip: RIVERVIEW, FL 33568 US

I hereby 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 all other like empowered.

SIGNATURE: PAMELA M MORRIS

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date