

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153872

FILED
Mar 24, 2009
Secretary of State

Entity Name: BEST CHOICE HOME HEALTH CARE INC

Current Principal Place of Business:

1710 NW 7TH STREET
SUITE 207
MIAMI, FL 33125

New Principal Place of Business:

7333 SW 24 ST
SUITE 240
MIAMI, FL 33155

Current Mailing Address:

1710 NW 7TH STREET
SUITE 207
MIAMI, FL 33125

New Mailing Address:

7333 SW 24 ST
SUITE 240
MIAMI, FL 33155

FEI Number: 20-1869691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, LEOPOLDO L
1017 NW 7TH STREET
SUITE 207
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

PEREZ, LEOPOLDO L
7333 SW 24 ST
SUITE 240
MIAMI, FL 33155 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: KARLA RODRIGUEZ

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ, LEOPOLDO L
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: VPD () Delete
Name: PEREZ, LILIANA
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: AMADOR, ELDA
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: PEREZ, CESAR
Address: 1710 NW 7TH STREET SUITE 207
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, LEOPOLDO L
Address: 7333 SW 24 ST-240
City-St-Zip: MIAMI, FL 33155

Title: VPD (X) Change () Addition
Name: PEREZ, LILIANA
Address: 7333 SW 24 ST-240
City-St-Zip: MIAMI, FL 33155

Title: SD (X) Change () Addition
Name: AMADOR, ELDA
Address: 7333 SW 24 ST-240
City-St-Zip: MIAMI, FL 33155

Title: TD (X) Change () Addition
Name: PEREZ, CESAR
Address: 7333 SW 24 ST-240
City-St-Zip: MIAMI, FL 33155

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: LEOPOLDO PEREZ

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date