2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

DOCUMENT# P04000153872

Entity Name: BEST CHOICE HOME HEALTH CARE INC

Current Principal Place of Business:

7333 SW 24 ST
SUITE 240
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7333 SW 24 ST
SUITE 240
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-1869691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LEOPOLDO L
7333 SW 24 ST
SUITE 240
MIAMI, FL 33155 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: PD
Name: PEREZ, LEOPOLDO L
Address: 7333 SW 24 ST-240
City-St-Zip: MIAMI, FL 33155

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

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

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

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: LEOPOLDO PEREZ P 03/04/2010

Electronic Signature of Signing Officer or Director — Date