

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065255

FILED  
May 01, 2008  
Secretary of State

Entity Name: SOUTH FLORIDA BEST CARE, INC.

## Current Principal Place of Business:

5900 W 20TH AVE SUITE I  
HIALEAH, FL 33016

## New Principal Place of Business:

14505 COMMERCE WAY  
SUITE 545  
MIAMI LAKES, FL 33016 US

## Current Mailing Address:

5900 W 20TH AVE SUITE I  
HIALEAH, FL 33016

## New Mailing Address:

14505 COMMERCE WAY  
SUITE 545  
MIAMI LAKES, FL 33016 US

FEI Number: 26-0298100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, RAMON  
5900 W 20TH AVE SUITE I  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

LOPEZ, RAMON  
14505 COMMERCE WAY  
SUITE 545  
MIAMI LAKES, FL 33016 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: RAMON LOPEZ

05/01/2008

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: P ( ) Delete  
Name: LOPEZ, RAMON  
Address: 2761-4TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: V ( ) Delete  
Name: SOSA, NIVALDO L  
Address: 7237 W 29TH LANE  
City-St-Zip: HIALEAH, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPEZ, RAMON  
Address: 2761 - 4TH AVE NE  
City-St-Zip: NAPLES, FL 34120 US

Title: V (X) Change ( ) Addition  
Name: SOSA, NIVALDO L  
Address: 7237 W 29TH LANE  
City-St-Zip: HIALEAH, FL 33018 US

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: RAMON LOPEZ

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date