2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2009
Secretary of State

DOCUMENT# P07000065255

Entity Name: SOUTH FLORIDA BEST CARE, INC.

Current Principal Place of Business:

14505 COMMERCE WAY
SUITE 545
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

14505 COMMERCE WAY
SUITE 545
MIAMI LAKES, FL 33016 US

New Mailing Address:

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
14505 COMMERCE WAY
SUITE 545
MIAMI LAKES, FL 33016 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: P ( ) Delete
Name: LOPEZ, RAMON
Address: 2761 - 4TH AVE NE
City-St-Zip: NAPLES, FL 34120 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, RAMON
Address: 8859 NW 181 STREET
City-St-Zip: HIALEAH, FL 33018 US

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: RAMON LOPEZ P 09/11/2009

Electronic Signature of Signing Officer or Director Date