

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065255

FILED
Apr 23, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

P

04/23/2010

Electronic Signature of Signing Officer or Director

Date