

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065255

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA BEST CARE, INC.

**Current Principal Place of Business:**

14411 COMMERCE WAY.SUITE # 350  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

14411 COMMERCE WAY.SUITE # 350  
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:**

NIVALDO, SOSA  
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

**OFFICERS AND DIRECTORS:**

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

Title: P  
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: NIVALDO SOSA

PD

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date