

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112892

Entity Name: FLORIDA BEST CARE, INC

FILED
Apr 27, 2011
Secretary of State

Current Principal Place of Business:

4055 TAMIAMI TRAIL
SUITE #10
PORT CHARLOTTE, FL 33983

Current Mailing Address:

4055 TAMIAMI TRAIL
SUITE #10
PORT CHARLOTTE, FL 33983

New Principal Place of Business:

4055 TAMIAMI TRAIL
SUITE #10
PORT CHARLOTTE, FL 33952

New Mailing Address:

4055 TAMIAMI TRAIL
SUITE #10
PORT CHARLOTTE, FL 33952

FEI Number: 39-2064641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENGHTT, ROSA S
25664 DEEP CREEK BLVD.
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

MCCOY, ROSA S
4055 TAMIAMI TRAIL
SUITE #10
PORT CHARLOTTE, FL 33952 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: ROSA S. MCCOY

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MCCOY, ROSA S
Address: 4055 TAMIAMI TRAIL SUITE #10
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ROSA S. MCCOY

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date