

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000064069

Entity Name: BREVARD BEST CARE,INC

**FILED**  
**Jun 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4640 LIPSCOMB ST NE  
SUITE 6  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

4640 LIPSCOMB ST NE  
SUITE 6  
PALM BAY, FL 32905 US

**New Mailing Address:**

FEI Number: 27-0646815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABELARD, MARGARETTE P  
4640 LIPSCOMB ST NE  
SUITE 6  
PALM BAY, FL 32905 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: P  
Name: ABELARD, MARGARETTE  
Address: 4640 LIPSCOMB ST NE SUITE 6  
City-St-Zip: PALM BAY, FL 32905

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: MARGARETTE ABELARD

P

06/16/2011

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

\_\_\_\_\_  
Date