# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 14, 2010**
**Secretary of State**

DOCUMENT# P09000081635

**Entity Name:** BEST CARE CENTER INC

**Current Principal Place of Business:**

4545 NW 7 ST
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

4545 NW 7 ST
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number: 27-1057968** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CHAVEZ, JUAN
4545 NW 7 ST
MIAMI, FL 33126 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: PD
Name: CHAVEZ, JUAN
Address: 4545 NW 7 ST
City-St-Zip: MIAMI, FL 33126

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: JUAN CHAVEZ OWNE 09/14/2010

Electronic Signature of Signing Officer or Director — Date