

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000031515

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** SNELL BEST CARE SENIOR SERVICES, INC.

**Current Principal Place of Business:**

8459 SE SABAL ST.  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

9002 SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**Current Mailing Address:**

8459 SE SABAL ST.  
HOBE SOUND, FL 33455

**New Mailing Address:**

9002 SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**FEI Number:** 27-2373610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SNELL, STEVEN  
8459 SE SABAL ST.  
HOBE SOUND, FL 33455 US

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

SNELL, STEVEN  
9002 SE BRIDGE ROAD  
HOBE SOUND, FL 33455 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:** STEVEN SNELL

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MR  
**Name:** SNELL, STEVEN  
**Address:** 9002 SE BRIDGE ROAD  
**City-St-Zip:** HOBE SOUND, FL 33455 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:** STEVEN R. SNELL

MR

04/22/2011

Electronic Signature of Signing Officer or Director

Date