

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000071280

FILED
Apr 19, 2012
Secretary of State

Entity Name: BEST CARE PHARMACY INC

Current Principal Place of Business:

2389 CORAL WAY
CORAL GABLES, FL 33145

New Principal Place of Business:

Current Mailing Address:

2389 CORAL WAY
CORAL GABLES, FL 33145

New Mailing Address:

FEI Number: 45-2946928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, PABLO
2389 CORAL WAY
CORAL GABLES, FL 33145 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: FUENTES, PABLO
Address: 2389 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33145

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: PABLO FUENTES

PD

04/19/2012

Electronic Signature of Signing Officer or Director

Date