FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:40

DOCUMENT # P93000060864 (4)

1. Corporation Name
BEST NURSING CARE, INC.

Principal Place of Business	Mailing Address
601 SW 57TH AVE., SUITE E MIAMI FL 33144	601 SW 57TH AVE., SUITE E MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0450018 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CABRERA, LAURA M
9500 N.W. 77TH AVENUE
SUITE B-3
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name: CABRERA, BEATRIZ M.
82 Street Address (P.O. Box Number is Not Acceptable): 601 SW 57 AVE.
83: SUITE E
84 City: MIAMI FL 85 Zip Code: 33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Beatriz Cabrera 2/3/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARES, DANIEL A	1.2 NAME	MARES, DANIEL A.	
STREET ADDRESS	9500 N.W. 77TH AVE. #B-3	1.3 STREET ADDRESS	601 SW 57 AVE. SUITE E	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	1.4 CITY-ST-ZIP	MIAMI FL. 33144	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CABRERA, LAURA M	2.2 NAME	CABRERA, BEATRIZ M.	
STREET ADDRESS	9500 N.W. 77TH AVE. #B-3	2.3 STREET ADDRESS	601 SW 57 AVE. SUITE E	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	MIAMI FL. 33144	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARES, DANIEL A. 2-3-95 (305) 262-2320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0156070 CP