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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000097679					
1. Corporation Name BEST CARE OF BREVARD, INC.					
Principal Place of Business 1398 CHERRY HILL ROAD NE PALM BAY FL 32905			Mailing Address 1398 CHERRY HILL ROAD NE PALM BAY FL 32905		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/16/1998 4. FEI Number 59-3559868 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. Trust Fund Contribution ☐ 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent RUNYAN, GARY G 3698 S BANANA RIVER BLVD COCOA BEACH FL 32931			10. Name and Address of New Registered Agent 81 Name ENRICO A. PINEDA 82 Street Address (P.O. Box Number is Not Acceptable) 921 VILLAGE BLVD. #159 83 84 City W. PALM BEACH FL 85 Zip Code 33409		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Enrico A. Pineda - ENRICO A. PINEDA DATE 3/18/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
12. OFFICERS AND DIRECTORS TITLE PRESIDENT ☐ DELETE NAME BALBINO G. PEREZ STREET ADDRESS 1655 EARLHAM AVE. NW CITY-ST-ZIP PALM BAY FL 32907 TITLE V.P. ☐ DELETE NAME HIRFA SIAN STREET ADDRESS 1801 HARDIN LANE CITY-ST-ZIP PALM BAY, FL. 32905 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: BALBINO G. PEREZ **3/20/99** **(407) 733-7893**
 Date Daytime Phone #

CR2E034 (1/198)