

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075660

Entity Name: BEST CARE AGENCY, INC.

FILED
Feb 18, 2011
Secretary of State

Current Principal Place of Business:

5811 WEST HALLANDALE BEACH BOULEVARD
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

5811 WEST HALLANDALE BEACH BOULEVARD
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 65-0944146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTAINE, RAYMOND
5811 WEST HALLANDALE BEACH BLVD.
WEST PARK, FL 33023 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: D
Name: FONTAINE, RAYMOND
Address: 1857 W. HALLANDALE BEACH BLVD.
City-St-Zip: WEST PARK, FL 33023

Title: D
Name: CASTOR, YANICK F
Address: 1857 W. HALLANDALE BEACH BLVD.
City-St-Zip: WEST PARK, FL 33023

Title: D
Name: CASTOR, SEVIGNE
Address: 5811 W. HALLANDALE BEACH BLVD.
City-St-Zip: WEST PARK, FL 33023

Title: D
Name: FONTAINE, KARLYN A
Address: 5811 W. HALLANDALE BEACH BLVD.
City-St-Zip: WEST PARK, FL 33023

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: SEVIGNE CASTOR

ADM.

02/18/2011

Electronic Signature of Signing Officer or Director

Date