

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004267

Entity Name: BEST CARE COMMUNITY AND FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

2718 LEE BLVD SUITE B
LEHIGH ACRES, FL 33971

Current Mailing Address:

2718 LEE BLVD SUITE B
LEHIGH ACRES, FL 33971 US

FEI Number: 45-2741402

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOUIS, EMLYN DR.
10284 MEDICIS PLACE
WELLINGTON, FL 33449 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: EMLYN LOUIS

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LOUIS, EMLYN MD
Address 10284 MEDICIS PLACE
City-State-Zip: WELLINGTON FL 33449

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMLYN LOUIS

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date