

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004267

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

Current Principal Place of Business:

14678 MAIN STREET
GRETNA, FL 32332

Current Mailing Address:

10284 MEDICIS PL
WELLINGTON, FL 33449 US

FEI Number: 45-2741402

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAINGE, MONICA
4967 PIMLICO DR
TALLAHASSEE, FL 32309 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:

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

Title S
Name RAINGE, MONICA
Address 4967 PIMLICO DR
City-State-Zip: TALLAHASSEE FL 32309

Title OFFICER
Name CHERY, MARC HELRY
Address 16275 NE 19TH CT
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City-State-Zip: MIAMI BEACH FL 33162

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

P

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date