**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 31, 2013**
**Secretary of State**
**CC8147766569**

DOCUMENT# P10000066323

**Entity Name:** BEST POSSIBLE CARE INC.

**Current Principal Place of Business:**

7435 WEST 18 AVENUE
HIALEAH, FL 33014

**Current Mailing Address:**

7435 WEST 18 AVENUE
HIALEAH, FL 33014

**FEI Number: 27-3301407**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA, ALEJANDRO
7435 WEST 18 AVENUE
HIALEAH, FL 33014 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 | GARCIA, ALEJANDRO |
| Address | 7435 WEST 18 AVENUE |
| City-State-Zip: | HIALEAH FL 33014 |

*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: ALEJANDRO GARCIA PRESIDENT 03/31/2013

Electronic Signature of Signing Officer/Director Detail — Date