

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000041066

**Entity Name:** BUSINESS CARE SOLUTIONS INC

**Current Principal Place of Business:**

115 WEST 57 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

115 WEST 57 STREET  
HIALEAH, FL 33012

**FEI Number:** 45-2155650

**Certificate of Status Desired:** No

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

ECHEVARRIA, NELSON  
115 WEST 57 ST  
HIALEAH, FL 33012 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            ECHEVARRIA, NELSON  
Address        115 WEST 57 STREET  
City-State-Zip: HIALEAH FL 33012

*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:** NELSON ECHEVARRIA

**PRESIDENT**

**02/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date