

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000071280

**Entity Name:** BEST CARE PHARMACY INC

**Current Principal Place of Business:**

2657 NW 20TH STREET  
MIAMI, FL 33142

**Current Mailing Address:**

2657 NW 20TH STREET  
MIAMI, FL 33142 US

**FEI Number:** 45-2946928

**Certificate of Status Desired:** No

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

THAKKAR, SATVIK  
2657 NW 20TH STREET  
MIAMI, FL 33142 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:** SATVIK THAKKAR

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THAKKAR, SATVIK  
Address        2657 NW 20TH STREET  
City-State-Zip: MIAMI FL 33142

*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:** SATVIK THAKKAR

**OWNER**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date