

**2020 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:**

13988 DIPLOMAT DRIVE, STE 100  
FARMERS BRANCH, TX 75234 US

**FEI Number:** 45-2946928

**Certificate of Status Desired:** No

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

HAMEED, ABDUL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAMEED, ABDUL  
Address        13988 DIPLOMAT DRIVE, STE 100  
City-State-Zip: FARMERS BRANCH TX 75234

*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:** ABDUL HAMEED

**PRESIDENT**

**07/22/2020**

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

\_\_\_\_\_  
Date