

2016 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:

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	PRES	Title	VP
Name	HAMEED, ABDUL	Name	PFISTER, ANTHONY JAMES
Address	2657 NW 20TH STREET	Address	2657 NW 20TH STREET
City-State-Zip:	MIAMI FL 33142	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: ANTHONY PFISTER

VP

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date