

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000100838

Entity Name: BEST CHOICE HOSPICE INC

Current Principal Place of Business:

2520 N. TAMIAMI TRAIL
SUITE 29
NOKOMIS, FL 34275

Current Mailing Address:

2520 N. TAMIAMI TRAIL
SUITE 29
NOKOMIS, FL 34275 US

FEI Number: 87-3845294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIMURYAN, AVETIS
2520 N. TAMIAMI TRAIL
SUITE 29
NOKOMIS, FL 34275 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 CEO
Name TIMURYAN, AVETIS
Address 2520 N. TAMIAMI TRAIL, SUITE 29
City-State-Zip: NOKOMIS FL 34275

Title DIR
Name TIMURYAN, AVETIS
Address 2520 N. TAMIAMI TRAIL, SUITE 29
City-State-Zip: NOKOMIS FL 34275

Title SH
Name TIMURYAN, AVETIS
Address 2520 N. TAMIAMI TRAIL, SUITE 29
City-State-Zip: NOKOMIS FL 34275

Title CFO
Name TIMURYAN, AVETIS
Address 2520 N. TAMIAMI TRAIL, SUITE 29
City-State-Zip: NOKOMIS FL 34275

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: AVETIS TIMURYAN

CEO

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date