

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000064990

Entity Name: BEST CARE CENTER OF MELBOURNE INC

Current Principal Place of Business:

2217 ATTILBURGH BLVD
MELBOURNE, FL 32904

Current Mailing Address:

2217 ATTILBURGH BLVD
MELBOURNE, FL 32904 US

FEI Number: 33-1613925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANCOIS BLAISE, CLAUDIE
2217 ATTILBURGH BLVD
MELBOURNE, FL 32904 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 FRANCOIS BLAISE, CLAUDIE
Address 2217 ATTILBURGH BLVD
City-State-Zip: MELBOURNE FL 32904

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: FRANCOIS BLAISE , CLAUDIE

P

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date