2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2013
Secretary of State
CC0466817423

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Entity Name: BEST CARE AGENCY, INC.

Current Principal Place of Business:

5811 WEST HALLANDALE BEACH BOULEVARD
WEST PARK, FL 33023

Current Mailing Address:

5811 WEST HALLANDALE BEACH BOULEVARD
WEST PARK, FL 33023

FEI Number: 65-0944146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONTAINE, RAYMOND
5811 WEST HALLANDALE BEACH BLVD.
WEST PARK, FL 33023 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	D	Title	D
Name	FONTAINE, RAYMOND	Name	CASTOR, YANICK F
Address	1857 W. HALLANDALE BEACH BLVD.	Address	1857 W. HALLANDALE BEACH BLVD.
City-State-Zip:	WEST PARK FL 33023	City-State-Zip:	WEST PARK FL 33023
Title	D	Title	D
Name	CASTOR, SEVIGNE	Name	FONTAINE, KARLYN A
Address	5811 W. HALLANDALE BEACH BLVD.	Address	5811 W. HALLANDALE BEACH BLVD.
City-State-Zip:	WEST PARK FL 33023	City-State-Zip:	WEST PARK FL 33023

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: SEVIGNE CASTOR PRESIDENT 03/24/2013

Electronic Signature of Signing Officer/Director Detail — Date