**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 31, 2025**
**Secretary of State**
**6450776970CC**

DOCUMENT# P11000060883

**Entity Name:** MIAMI BEST HEALTH SERVICES, CORP.

**Current Principal Place of Business:**

1152 NW 2 LN
FLORIDA CITY, FL 33034

**Current Mailing Address:**

1152 NW 2 LN
FLORIDA CITY, FL 33034 US

**FEI Number: 37-1643470**

**Certificate of Status Desired:** No

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

MARCIAL, EDDY
1152 NW 2 LN
FLORIDA CITY, FL 33034 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 | PD |
| Name | MARCIAL, EDDY |
| Address | 2228 SW 29 AVE |
| City-State-Zip: | MIAMI FL 33145 |

*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: EDDY MARCIAL PD 03/31/2025

Electronic Signature of Signing Officer/Director Detail — Date