

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115646

Entity Name: BEST MEDICAL INVESTMENT, LLC

Current Principal Place of Business:

2600 S DOUGLAS RD
PH-6
CORAL GABLES, FL 33134

Current Mailing Address:

2600 S DOUGLAS RD
PH-6
CORAL GABLES, FL 33134

FEI Number: 26-4020871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PADIAL, JOSE I
2600 S DOUGLAS RD PH-6
CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :

Title MGR
Name RAMON, FERNANDO
Address 3271 NW 126 TERRACE
City-State-Zip: SUNRISE FL 33323

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO RAMON

MANAGER

01/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date