

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115646

**Entity Name:** BEST MEDICAL INVESTMENT, LLC**Current Principal Place of Business:**3016 NW 82ND AVENUE  
DORAL, FL 33122**Current Mailing Address:**3016 NW 82ND AVENUE  
DORAL, FL 33122 US**FEI Number:** 26-4020871**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDO, RAMON SR.  
3016 NW 82ND AVENUE  
DORAL, FL 33122 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:** FERNANDO RAMON

04/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER
Name	RAMON, FERNANDO J
Address	3016 NW 82ND AVENUE
City-State-Zip:	DORAL FL 33122

Title	GENERAL MANAGER
Name	GEROSA, GIAN MARCO
Address	3016 NW 82 AVENUE
City-State-Zip:	DORAL FL 33122

Title	MANAGER
Name	LABELLA, MARIO LUCA
Address	3016 NW 82ND AVENUE
City-State-Zip:	DORAL FL 33122

*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 JOSE RAMON

MANAGER

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date