

**2021 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

01/18/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAMON, FERNANDO  
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 J RAMON

MANAGER

01/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date