

**2015 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

**GENERAL MANAGER**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date