

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105703

Entity Name: BEST OF HEALTH MEDICAL CLINIC, LLC

Current Principal Place of Business:

524 13TH STREET
ST. CLOUD, FL 34769

Current Mailing Address:

1901 S JOHN YOUNG PARKWAY
SUITE 101
KISSIMMEE, FL 34741 US

FEI Number: 27-3646127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHURA, DEVAN
1901 S JOHN YOUNG PARKWAY
SUITE 101
KISSIMMEE, FL 34741 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 MGRM
Name MATHURA, DEVAN
Address 1901 S JOHN YOUNG PARKWAY,
SUITE 101
City-State-Zip: KISSIMMEE FL 34741

Title MGRM
Name MATHURA, CHARLENE
Address 1901 S JOHN YOUNG PARKWAY,
SUITE 101
City-State-Zip: KISSIMMEE FL 34741

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEVAN MATHURA

MGRM

03/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date