

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000104715

Entity Name: BEST VALUE HEALTHCARE, L.L.C.

Current Principal Place of Business:

3030 ROCKY POINT DR
SUITE 825
TAMPA, FL 33607

Current Mailing Address:

3030 ROCKY POINT DR
SUITE 825
TAMPA, FL 33607 US

FEI Number: 47-4290233

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CEO	Title	EXECUTIVE VICE PRESIDENT
Name	BERNSTEIN, MICHAEL	Name	NAIK, RAJANKUMAR
Address	3030 ROCKY POINT DR SUITE 825	Address	3030 ROCKY POINT DR SUITE 825
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	CFO		
Name	WHYTAS, THOMAS		
Address	3030 ROCKY POINT DR SUITE 825		
City-State-Zip:	TAMPA FL 33607		

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: THOMAS WHYTAS

CFO

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date