

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000104715

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

Current Principal Place of Business:

407 SAINT ANDREWS DRIVE
BELLEAIR, FL 33756

Current Mailing Address:

407 SAINT ANDREWS DRIVE
BELLEAIR, FL 33756 US

FEI Number: 47-4290233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAIK, RAJANKUMAR
407 SAINT ANDREWS DRIVE
SUITE 102
BELLEAIR, FL 33756-1935 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: RAJANKUMAR NAIK

03/03/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NAIK, RAJANKUMAR
Address 407 SAINT ANDREWS DRIVE
City-State-Zip: BELLEAIR FL 33756

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: RAJANKUMAR NAIK

MANAGER

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date