

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000134537

Entity Name: BEST MEDICAID, LLC

Current Principal Place of Business:

3030 N. ROCKY POINT DR.
SUITE 825
TAMPA, FL 33607

Current Mailing Address:

3030 N. ROCKY POINT DR.
SUITE 825
TAMPA, FL 33607 US

FEI Number: 83-1046071

Certificate of Status Desired: No

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 AMBR
Name BEST VALUE INTERMEDIATE II, LLC
Address 100 PARK AVENUE
City-State-Zip: NEW YORK NY 10017

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

**AUTHORIZED
REPRESENTATIVE**

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date