

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000391735

**Entity Name:** BEST URGENT MOBILE MEDICAL SERVICES, LLC.

**Current Principal Place of Business:**

13311 SW 272 LANE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

13311 SW 272 LANE  
HOMESTEAD, FL 33032 UN

**FEI Number: 88-4007512**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MATOS, BARBARA  
13311 SW 272 LANE  
HOMESTEAD, FL 33032 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 MATOS, BARBARA  
Address 13311 SW 272 LANE  
City-State-Zip: HOMESTEAD FL 33032

*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: MATOS, BARBARA**

**CEO**

**02/13/2023**

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

\_\_\_\_\_  
Date