

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F20778**

1. Entity Name  
**BEST MEDICAL INC.**



Principal Place of Business  
**4990 PALM AVENUE  
HIALEAH, FL 33012**

Mailing Address  
**4990 PALM AVENUE  
HIALEAH, FL 33012**



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2075222**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEREZ-ESPINOSA, MANUEL  
4990 PALM AVENUE  
HIALEAH, FL 33012**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE (\$150.00)  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
PEREZ-ESPINOSA, MANUEL  
4990 PALM AVENUE  
HIALEAH, FL 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1100000221990  
02/09/05-80054-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-4-05 305.823.8732**