


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>Manuel Espinosa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-06-06</u> <u>305-823-8732</u> <small>Date Daytime Phone #</small>



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2075222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000425484
02/18/06-80098-005 150.00

**DO NOT WRITE
IN THIS SPACE**