

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000026922

1. Entity Name
BEST MEDICAL, LLC



Principal Place of Business

4900 PALM AVENUE
HIALEAH, FL 33012

Mailing Address

4900 PALM AVENUE
HIALEAH, FL 33012



02012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-5215373

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ESPINOSA, MANUEL
4900 PALM AVE
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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEREZ-EZPINS, MANUEL MD
STREET ADDRESS	3600 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
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02/10/05-80004-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-4-05

305-8238732