2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 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

DO NOT WRITE IN THIS SPACE

02032008 No Chg-LLC CR2E083 (11/05)

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

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEREZ-EZPINSA, MANUEL MD
STREET ADDRESS	3600 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/18/06-80085-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 2-6-06 305 8238732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #