

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

1/27/

01-27-2003 90080 040 \*\*\*\*50.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
1600 MIAMI CENTER  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**

**"Make Check Payable to Florida Department of State  
Due By May 1, 2003"**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Manuel Perez-Espinosa, M.D.  
3600 West Flagler Street  
Miami, Florida 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

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

1-21-03

Date

(304) 863 3018

Daytime Phone #

CR2E083 (10/02)

**SHUTTS  
&  
BOWEN  
LLP**

ATTORNEYS AND COUNSELLORS AT LAW

RICARDO J. SOUTO, Esq.  
(305) 415-9075

EMAIL ADDRESS  
rsouto@shutts-law.com

March 4, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: BEST MEDICAL, LLC  
Document No. L02000026922

Dear Sir or Madam:

Enclosed is a letter, dated February 17, 2003, that we recently received from the Florida Department of State regarding the 2003 Limited Liability Company Uniform Business Report ("UBR") for Best Medical, LLC ("Best Medical"). Based upon the letter, it appears that the UBR and \$50 filing fee were timely remitted to the Florida Department of State. However, the UBR was not accepted by the Department of State because lines 4 and 9 of the UBR were incomplete.

Prior to the letter, dated February 17, 2003, the Florida Department of State requested that Best Medical properly complete the form and return it to the Department of State. The letter from the Department of State to Best Medical, dated January 30, 2003, is also enclosed for your reference. In response to the request from the Department of State, enclosed is the completed UBR for Best Medical.

If you have any questions or require further information, please call us.

Sincerely,

  
Ricardo J. Souto

RJS/dp

Enclosures

cc: Manuel Perez-Espinosa, M.D. (w/enc.)  
Alette D. Rodz, Esq. (w/enc.)

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