

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040763

FILED
Mar 17, 2009
Secretary of State

Entity Name: BEST EMERGENCY CARE LLC

Current Principal Place of Business:

1736 SW 12 ST
MIAMI, FL 33135

New Principal Place of Business:

2727 NW 17 TERR
#505
MIAMI, FL 33125

Current Mailing Address:

1736 SW 12 ST
MIAMI, FL 33135

New Mailing Address:

2727 NW 17 TERR
#505
MIAMI, FL 33125

FEI Number: 74-3257962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRALERO, ROBERTO
1736 SW 12 ST
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

CARRALERO, ROBERTO
2727 NW 17 TERR
#505
MIAMI, FL 33125 US

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.

SIGNATURE:

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: CARRALERO, ROBERTO
Address: 2727 NW 17 TERR #505
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERTO CARRALERO

CEO

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date