

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036829

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** BEST MEDICAL GROUP, LLC

**Current Principal Place of Business:**

3600 W. FLAGLER ST  
2ND FLOOR  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

3600 W. FLAGLER ST  
2ND FLOOR  
MIAMI, FL 33135 US

**New Mailing Address:**

**FEI Number:** 27-2293824      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, EDDY F  
6423 COLLINS AVE  
1008  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PEREZ-ESPINOSA, MANUEL MD  
**Address:** 3600 W FLAGLER ST, 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33135 US

**Title:** MGRM  
**Name:** PEREZ, JOSE PHD  
**Address:** 3600 W FLAGLER ST, 2ND FLOOR  
**City-St-Zip:** MIAMI, FL 33156 US

I hereby 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:** MANUEL PEREZ-ESPINOSA

MGRM

04/22/2011

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