PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M71854

BEST HEALTH CARE EAST, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90015 002 ***150.00



Principal Place of Business Mailing Address						,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1500 E HILLSBORO BLVD 1500 E HILLSBORO BLVD 209							
DEERFIELD BCH FL 33441. DEERFIELD BCH FL 33441				المعالم مسينة الدراءة الاست	DO NOT WRITE IN THIS SPACE		
US	· ·	US		•	3. Date Incorporated or Qualifed 03/15/1988		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied		plied For
21 26					65-0059112	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional	
22 27					ree itaquilea		<u> </u>
City & State City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ıtry	8. This corporation owes the current year	r Intangible ☐ Yes	□No
24 :	25	29	30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current			81 Name	10. Haine and Address of New Register	ou Agoin	
SECONDIC MALCOLM							
GINNIS, MALCOLM 2500 NE 44TH				82 Street Addr	dress (P.O. Box Number is Not Acceptable)		
LIGH	ITHOUSE PT FL 33064			83		医注键器	
	•			84 City	Company of the second of the s	85 Zip	Code
4000						o of changing its	registered
l 1200 office on a	to the provisions of Sections 507.1502 egistered agent, or both, in the State om familiar with, and accept the obligati	it Finnda. Such change was i	aumonzeo	DV INC CULDUIALIC	oration submits this statement for the purpos- on's board of directors. I hereby accept the ap		gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating) DATE		250 111 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	Addition
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NAME	GINNIS, DR. MALCOLM		1.2 NA				[
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.