2004 FOR PROFIT CORPORATION

May 04, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000042515 05-04-2004 90166 003 ***150.00 1. Entity Name BEST CHOICE HEALTH SERVICES, INC. Principal Place of Business Mailing Address 12748 N.W. 6TH LANE 12748 N.W. 6TH LANE MIAMI, FL 33182 MIAMI, FL 33182 2. Principal Place of Business Mailing Address 13747 04232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1003290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ODALYS Street Address (P.O. Box Number is Not Acceptable) 12748 N.W. 6TH LANE MIAMI, FL 33182 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. tNOTE: Recistered Agent signature required whom reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. COFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TITLE HERNANDEZ, ODALYS HAME NAME 12748 N.W. 6TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33182 CITY-ST-ZIP HIFE VΡ ☐ Delete TITLE. HERNANDEZ, JORGE LUIS NAME NAME STREET ADDRESS 12748 N.W. 6TH LANE STREET ADDRESS MIAMI, FL 33182 City-St-7P CITY-51-ZIP Addition TILLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Change Addition BHE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE THE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

12. Thereby certify that the information supplied with this filling 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address point all other like empowered.

SIGNATURE: