

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1072

DOCUMENT # P02000117121

1. Entity Name

Best Choice Medical Center, Inc.



FILED

03 FEB 21 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700012790367
02/19/03--01053--005 **158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4445 West 16th Ave #

3. Mailing Address

4445 West 16th Ave

Suite, Apt. #, etc.

504

Suite, Apt. #, etc.

504

City & State

Dealeah, Fla. 33012

City & State

Dealeah, Fla. 33012

Zip

Country

Zip

Country

4. FEI Number

42-1560328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS GONZALEZ

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

10090 N.W. 80th Ct. # 1233

City

Dealeah, Fla.

FL

Zip Code

33016

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JUAN CARLOS GONZALEZ
10090 N.W. 80th Ct. # 1233
Dealeah, Fla. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN CARLOS GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-03

Date

305-698-1137

Daytime Phone #

CR2E034B (12/02)

2 of 2

January 28, 2003

Best Choice Medical Center
4445 West 16th Avenue, #504
Hialeah, Florida 33012

To whom it may concern:

I, Neurys Terrero hereby tender my resignation as President of a Florida Corporation, Best Choice Medical Center, Inc. and name the new President, Mr. Juan Carlos Gonzalez to take effect as January, 28, 2003 at the conclusion of the meeting of the Board of Directors, at which this resignation is accepted.

Neurys Terrero

Witness: Juan Carlos Gonzalez

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, this day personally appeared Neurys Terrero and Juan Carlos Gonzalez depose and say that they have executed the foregoing document and that it is true and correct to the best of their knowledge.

WITNESS my hand and official seal this 28th day of January, 2003

NOTARY PUBLIC

STATE OF FLORIDA

My Commission Expires:



Ana Margarita Alvarez
MY COMMISSION # CC993476 EXPIRES
January 15, 2005
BONDED THRU TROY FAIN INSURANCE, INC.