


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90025 038 ***150.00

DOCUMENT # P03000085827	
1. Entity Name BEST CARE MEDICAL CENTER INC.	

Principal Place of Business POST OFFICE BOX 45067 TAMPA FL 33677	Mailing Address POST OFFICE BOX 45067 TAMPA FL 33677
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2. Principal Place of Business 2702 W. Waters Ave	3. Mailing Address 2702 W. Waters Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, Florida	City & State Tampa, Florida
Zip 33614	Zip 33614
Country E.U.A	Country E.U.A



MOORE CR2E034 (11/03)

4. FEI Number 56-2385745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, YODANI C 2911 W FRIERSON AVENUE APT. 8 TAMPA FL 33614	7. Name and Address of New Registered Agent Name: YORDANI CARRO Street Address (P.O. Box Number is Not Acceptable) 2701 W. WATERS AVE APT 613 City: TAMPA FL Zip Code: 33614
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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:  (PRESIDENT) DATE: **1-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME YORDANI CARRO	NAME YORDANI CARRO
STREET ADDRESS 2701 W WATERS AVE apt 613	STREET ADDRESS 2701 W. WATERS AVE apt 613	CITY-ST-ZIP TAMPA, FL, 33614	CITY-ST-ZIP TAMPA, FL, 33614
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Yordani CARRO** DATE: **1/23/04** (813)-938-7490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR