2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 15, 2006
Secretary of State

DOCUMENT# P03000085827

Entity Name: BEST CARE MEDICAL CENTER INC.

Current Principal Place of Business:

2702 W. WATERS AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2702 W. WATERS AVE.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 56-2385745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLEDO, ENRIQUE
2702 W. WATERS AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

ANGULO, ARMANDO B
2702 W. WATERS AVE.
TAMPA, FL 33614 US

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: ARMANDO B. ANGULO 12/15/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TOLEDO, ENRIQUE
Address: 2702 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANGULO, ARMANDO B
Address: 2702 W. WATERS AVE.
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO B. ANGULO P 12/15/2006
Electronic Signature of Signing Officer or Director Date