

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000088669

1. Entity Name
BEST HEALTHCARE GROUP, INC.



Principal Place of Business
11300 N.W. 87TH COURT
SUITE 141
HIALEAH GARDENS, FL 33016

Mailing Address
11300 N.W. 87TH COURT
SUITE 141
HIALEAH GARDENS, FL 33016

FILED
05 MAY -3 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 Chg-P CR2E034 (10/03) 05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS PERTUZ, MARGHRETH
11300 N.W. 87TH COURT
SUITE 141
HIALEAH GARDENS, FL 33016

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSS PERTUZ, MARGHRETH
11300 N.W. 87TH COURT, SUITE # 141
HIALEAH GARDENS, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000054665520
05/17/05--01016--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARIZA, EDGARDO J
11300 N.W. 87TH COURT, SUITE # 141
HIALEAH GARDENS, FL 33016 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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