

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007523

FILED
Jan 23, 2006
Secretary of State

Entity Name: BEST CARE FOR YOUR HEALTH MEDICAL CENTER INC

Current Principal Place of Business:

1800 W 54 ST APT 411
HIALEAH, FL 33012

New Principal Place of Business:

4201 PALM AVE., STE 2D
HIALEAH, FL 33012

Current Mailing Address:

1800 W 54 ST APT 411
HIALEAH, FL 33012

New Mailing Address:

4201 PALM AVE., STE 2D
HIALEAH, FL 33012

FEI Number: 20-2173439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, GUILLERMO J
1800 W 54 ST APT 411
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

OTERO, GUILLERMO J
4201 PALM AVE., STE 2D
HIALEAH, FL 33012 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:

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTERO, GUILLERMO J
Address: 1800 W 54 ST APT 411
City-St-Zip: HIALEAH, FL 33012

Title: V () Delete
Name: OTERO, DAYVELIS
Address: 1800 W 54 ST APT 411
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OTERO, GUILLERMO J
Address: 4201 PALM AVE., STE 2D
City-St-Zip: HIALEAH, FL 33012

Title: V (X) Change () Addition
Name: OTERO, DAYVELIS
Address: 4201 PALM AVE., STE 2D
City-St-Zip: HIALEAH, FL 33012

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: GUILLERMO J. OTERO

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date