

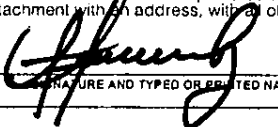


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000022181 1. Entity Name BEST CARE MEDICAL PLAN, INC.					
Principal Place of Business 2530 SOUTHWEST 87TH AVENUE SUITE E MIAMI, FL 33165			Mailing Address 2530 SOUTHWEST 87TH AVENUE SUITE E MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03052008 Chg-P CR2E034 (12/06)				4. FEI Number 65-1269644	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRASSIE, YVONNE G ESQ. 601 BRICKELL KEY DRIVE SUITE 500 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERNANDEZ, OSCILDA 2530 SOUTHWEST 87TH AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained 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 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 another like empowered					
SIGNATURE:  OSCILDA FERNANDEZ 03-04-08 (305) 441-6464					