

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022181

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEST CARE MEDICAL PLAN, INC.

Current Principal Place of Business:

2530 SOUTHWEST 87TH AVENUE
SUITE E
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2530 SOUTHWEST 87TH AVENUE
SUITE E
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-1269644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASSIE, YVONNE G ESQ.
601 BRICKELL KEY DRIVE
SUITE 500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, OSCILDA
Address: 2530 SOUTHWEST 87TH AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OSCILDA FERNANDEZ

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date