2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P06000022181

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

OFFICERS AND DIRECTORS:

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

Title: MGR
Name: MARQUEZ, JOSE L
Address: 17033 SW 215 TERRACE
City-St-Zip: MIAMI, FL 33187

I hereby 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 all other like empowered.

SIGNATURE: MANUEL F. FERNANDEZ PRES 03/17/2011

Electronic Signature of Signing Officer or Director — Date