

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000022181

FILED
Aug 03, 2011
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:

8880 NW 20TH STREET
SUITE J
DORAL, FL 33172

Current Mailing Address:

2530 SOUTHWEST 87TH AVENUE
SUITE E
MIAMI, FL 33165

New Mailing Address:

8880 NW 20TH STREET
SUITE J
DORAL, FL 33172

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:

GRASSIE, YVONNE G ESQ.
333 AVENUE OF THE AMERICAS
41ST FLOOR
MIAMI, FL 33131 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:

08/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HERNANDEZ, YACCELY
Address: 8880 NW 20TH STREET, SUITE J
City-St-Zip: DORAL, FL 33172

Title: MGR
Name: MARQUEZ, JOSE L
Address: 8880 NW 20TH STREET, SUITE J
City-St-Zip: DORAL, FL 33172

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: YACCELY HERNANDEZ

P

08/03/2011

Electronic Signature of Signing Officer or Director

Date