

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022181

FILED  
Sep 06, 2012  
Secretary of State

**Entity Name:** BEST CARE MEDICAL PLAN, INC.

**Current Principal Place of Business:**

8880 NW 20TH STREET  
SUITE J  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8880 NW 20TH STREET  
SUITE J  
DORAL, FL 33172

**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:**

HERNANDEZ, YACCELY  
8880 NW 20TH STREET  
SUITE J  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

HERNANDEZ, YACCELY E  
8880 NW 20TH STREET  
SUITE J  
DORAL, FL 33172 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: YACCELY HERNANDEZ

09/06/2012

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: DIR  
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

09/06/2012

Electronic Signature of Signing Officer or Director

Date