2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000083935

Entity Name: BEST MEDICAL SERVICES, INC.

FILED Mar 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 W 29TH ST., STE. 5A 5275 NW 158 TERR SUITE 103 HIALEAH, FL 33012

HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

5275 NW 158 TERR., APT. 103 MIAMI, FL 33014

FEI Number: 26-0685549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LOPEZ, MALVIN URRA, JOEL L 50 W 29TH ST., STE. 5A 5275 NW 158 TERR APT 103 HIALEAH, FL 33012 HIALEAH, FL 33014

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: JOEL URRA 03/08/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LOPEZ, MALVIN URRA, JOEL Name: Name: 50 W 29TH ST., STE. 5A 5275 NW 158 TERR Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33014

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: JOEL URRA **PRES** 03/08/2008