2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P07000083935

Entity Name: BEST MEDICAL SERVICES, INC.

Current Principal Place of Business:

5275 NW 158 TERR SUITE 103
HIALEAH, FL 33014

New Principal Place of Business:

5190 NW 167 ST
STE. 215
MIAMI GARDENS, FL 33014

Current Mailing Address:

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

New Mailing Address:

5190 NW 167 ST
STE. 215
MIAMI GARDENS, 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:

URRA, JOEL L
5275 NW 158 TERR APT 103
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

URRA, JOEL
5275 NW 158 TERR.
APT. 103
MIAMI, FL 33014 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: JOEL URRA 03/26/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: URRA, JOEL
Address: 5275 NW 158 TERR
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: URRA, JOEL
Address: 5275 NW 158 TERR
City-St-Zip: MIAMI, 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 PD 03/26/2009
Electronic Signature of Signing Officer or Director Date