

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000083935

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** BEST MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

URRA, JOEL  
5190 NW 167 ST  
STE. 215  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** URRA, JOEL  
**Address:** 5190 NW 167 ST STE 215  
**City-St-Zip:** MIAMI, FL 33014

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:** JOEL URRA

PD

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date