# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2010**
**Secretary of State**

DOCUMENT# P08000082852

**Entity Name:** BEST LINE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

324 N DALE MABRY HWY - SUITE 201
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

324 N DALE MABRY HWY - SUITE 201
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number: 26-3319253** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ERCIA, EDUARDO
8313 W. HILLSBOROUGH AVE.
460
TAMPA, FL 33615 US

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

ERCIA, EDUARDO
324 N DALE MABRY HWY - SUITE 201
TAMPA, FL 33609 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: 04/20/2010
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P
Name: ERCIA, EDUARDO
Address: 324 N DALE MABRY HWY - SUITE 201
City-St-Zip: TAMPA, FL 33609 US

Title: D
Name: ROBAINA, GEOVANI F
Address: 324 N DALE MABRY HWY - SUITE 201
City-St-Zip: TAMPA, FL 33609 US

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: GEOVANI ROBAINA P 04/20/2010
Electronic Signature of Signing Officer or Director Date