

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082852

FILED
Apr 12, 2011
Secretary of State

Entity Name: BEST LINE MEDICAL CENTER, INC.

Current Principal Place of Business:

8809 W HAMILTON AVE
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8809 W HAMILTON AVE
TAMPA, FL 33615 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:

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

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

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

D

04/12/2011

Electronic Signature of Signing Officer or Director

Date