

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080548

FILED
Feb 22, 2011
Secretary of State

Entity Name: BEST PROFESSIONAL HEALTH CARE, INC

Current Principal Place of Business:

11285 SW 211 STREET
202
MIAMI, FL 33189

New Principal Place of Business:

11285 SW 211 STREET
301
MIAMI, FL 33189

Current Mailing Address:

11285 SW 211 STREET
202
MIAMI, FL 33189

New Mailing Address:

11285 SW 211 STREET
301
MIAMI, FL 33189

FEI Number: 27-3584305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, MAYLIN
11285 SW 211 STREET
202
MIAMI, FL 33189 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: P
Name: VALDES, MAYLIN
Address: 11285 SW 211 STREET
City-St-Zip: MIAMI, FL 33189

Title: VP
Name: RUIZ, OSMARO J
Address: 11285 SW 211 STREET
City-St-Zip: MIAMI, FL 33189

Title: TS
Name: RUIZ, OSMARO J
Address: 11285 SW 211 STREET
City-St-Zip: MIAMI, FL 33189

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: MAYLIN VALDES

P

02/22/2011

Electronic Signature of Signing Officer or Director

Date