

P10000080548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Chen
D.H.S.
8/9/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEST PROFESSIONAL HEALTH CARE, INC
Name of Corporation

DOCUMENT NUMBER: P10000080548

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAYLIN VALDES
Name of Contact Person

BEST PROFESSIONAL HEALTH CARE, INC
Firm/Company

11285 SW 211 ST SUITE 301
Address

MIAMI, FL 33189
City/State and Zip Code

BESTPROFESSIONALHEALTHCARE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYLIN VALDES at (786) 227 5843
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

MAYLIN VALDES
BEST PROFESSIONAL HEALTH CARE INC
11285 SW 211 ST SUITE 301
MIAMI, FL 33189

SUBJECT: BEST PROFESSIONAL HEALTH CARE, INC
Ref. Number: P10000080548

We have received your document for BEST PROFESSIONAL HEALTH CARE, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 211A00011031

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11 JUL 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Best Professional Health Care, Inc
2. The principal office address: 11285 SW 211 street suite 301. Miami FL 33189
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/01/2010 Document number: P10000080548

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Maylin Valdes (registered agent)
Best Professional Health Care, Inc

11285 SW 211 street Suite 202

Miami, FL 33189

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maylin Valdes (registered agent)
Best Professional Health Care, Inc

11285 SW 211 street Suite 301

P.O. Box NOT acceptable

Miami, FL 33189

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maylin Valdes
Signature of an officer or director

Maylin Valdes
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Maylin Valdes
Signature of Registered Agent

02/10/2011

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)