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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000037772 (6)

1. Corporation Name

BEST MEDICAL SERVICES OF MIAMI, INC.



Principal Place of Business

780 NW 42 AVE #625  
MIAMI FL 33126

Mailing Address

780 NW 42 AVE #625  
MIAMI FL 33126-5538

3. Date Incorporated or Qualified

04/30/1996

3a. Date of Last Report

1-20-97

2. Principal Place of Business

21 15130 DUNBARTON PLACE

Suite, Apt. #, etc.

22 City & State  
23 MIAMI LAKES FL 33016

24 Zip  
33016

25 Country  
DADE

2a. Mailing Address

26 15130 DUNBARTON PLACE

Suite, Apt. #, etc.

27 City & State  
28 MIAMI LAKES FL 33016

29 Zip  
33016

30 Country  
DADE

4. FEI Number

65-0657574

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

~~FONS, MERIS  
516 E 14 STREET  
HIALEAH FL 33010~~

10. Name and Address of New Registered Agent

81 Name

EUGENIA SANTIAGO

82 Street Address (P.O. Box Number is Not Acceptable)

15130 DUNBARTON PLACE

83

84 City

MIAMI LAKES

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: EUGENIA SANTIAGO (PRESIDENT)

1-20-97

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME FONS, MERIS  
STREET ADDRESS 516 E 14 STREET  
CITY - ST - ZIP HIALEAH FL 33010

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS EUGENIA SANTIAGO  
1.4 CITY - ST - ZIP 15130 DUNBARTON PLACE MIAMI LAKES FL 33016

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EUGENIA SANTIAGO (PRESIDENT)

1-20-97

305-828-8279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)