

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000037772

1. Entity Name
BEST MEDICAL SERVICES OF MIAMI, INC.



Principal Place of Business
252 W 35 ST
HIALEAH, FL 33012 US

Mailing Address
252 W 35 ST
HIALEAH, FL 33012 US



04292004 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0657574
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUGARDO, YOLANDA
252 W 35 ST
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUGARDO, YOLANDA
252 W 35 ST
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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05/04/04-80129-006 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information on the attached 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, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yolanda Lugardo

4/29/04 (786)295 9440