

2005 FOR PROFIT CORPORATION REINSTATEMENT

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

FILED

05 NOV -9 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGARDO, YOLANDA 252 W 35 ST HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yolanda Lugardo
Yolanda Lugardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/05 (786) 295 9440
Date Daytime Phone #

DIVISION OF CORPORATION
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

11/03/05

RE: FEI#65-0657574

Document #P96000037772

HI,

ENCLOSED YOU WILL FIND A LETTER FROM CORPORATE COMPLIANCE CENTER. I SENT A PAYMENT TO THEM THINKING I WAS RENEWING MY COOPERATION; BUT AS YOU CAN SEE IT HAD NOTHING TO DO.

I WOULD LIKE YOUR ASSISTANT AND YOUR HELP ON WAIVING MY LATE FEE PLEASE, I AM A SMALL BUSINESS AND AM TUFF FOR ME.

I AM ENCLOSING A PAYMENT IN THE AMOUNT OF \$150.00 TO RENEW MY CORPORATION, PLEASE LET ME KNOW IF THIS IS APPROVE.

THANK YOU

Yolanda Lugo
YOLANDA LUGARDO
PRESIDENT,
BEST MEDICAL SERV OF MIAMI
252 WEST 35 STREET
HIALEAH, FL 33012

PH 305 863-0390
CELL 786 295 9440

*Waive renewal
fee and file
2005 A/R*