


FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90142 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000037772	
1. Entity Name BEST MEDICAL SERVICES OF MIAMI, INC.	

Principal Place of Business 504 EAST 21 STREET HALEAH FL 33010 US	Mailing Address 504 EAST 21 STREET HALEAH FL 33010 US
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2. Principal Place of Business 252 W 35 ST Suite, Apt. #, etc.	3. Mailing Address 252 W 35 ST Suite, Apt. #, etc.
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City & State Hialeah FL	City & State Hialeah FL
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Zip 33012	Country Dade	Zip 33012	Country Dade
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4. FEI Number 65-0657574	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent LUGARDO, YOLANDA 504 EAST 21 STREET HALEAH FL 33010 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
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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.	DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUGARDO, YOLANDA		NAME	
STREET ADDRESS 504 EAST 21 STREET		STREET ADDRESS	
CITY-ST-ZIP HALEAH FL 33010		CITY-ST-ZIP	

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	Date 4/25/03	Daytime Phone # 305 863 0390
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CR2034 (10/02)