

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000063414 (2)**  
 1. Corporation Name  
**BEST HEALTH CARE OPTIONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4955 NW 199 STREET - LOT 351 MIAMI FL 33055</b>	Mailing Address <b>4955 NW 199 STREET - LOT 351 MIAMI FL 33055</b>
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3. Date Incorporated or Qualified <b>07/30/1996</b>	4. FEI Number <b>59-0649931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**PEREZ, LILIA A**  
**691 SE 3 PLACE**  
**HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: *Lilia A. Perez* **Lilia A. Perez** **3/10/98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MENDIETTA, RICARDO</b>	
STREET ADDRESS	<b>4955 NW 199 STREET - LOT 351</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>FEBLES, CARLOS</b>	
STREET ADDRESS	<b>4955 NW 199 STREET - LOT 351</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMADOR, ROSA</b>	
STREET ADDRESS	<b>4955 NW 199 STREET - LOT 351</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>AMADOR, GLORIA</b>	
STREET ADDRESS	<b>4955 NW 199 STREET - LOT 351</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>PVSTO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>IGLESIAS AMADOR, GLORIA</b>
4.3 STREET ADDRESS	<b>5871 NW 201 LANE</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33015</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplement 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 of an attachment with an address

SIGNATURE: *Ricardo Mendietta* **Ricardo Mendietta** **305**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)