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06-03-2000 90001 038 ***150.00

1. Entity Name
Best Medical Care Center, Inc

15315 NW 60 Ave
Suite A
Miami Lakes Fl. 33014

15315 NW 60 Ave

Suite A

Miami Lakes FL

33014

Dade

65-0890771

Not Applicable

☐ **\$8.75 Additional Fee Required**

Aileen Diez
1692 W 59 St
Hialeah Fl. 33012

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

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

**\$5.00 May Be
Added to Fees**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Deleted
NAME	Diez, Aileen	
STREET ADDRESS	15315 NW 60 Ave Suite A	
CITY-ST-ZIP	Miami Lakes Fl. 33014	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Arthur Dies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00

Can

(305) 231-5566

Daytime Phone # _____