2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT #P9900 000 8641 Jun 21, 2000 8:00 am Best Medical Care Center, Inc **Secretary of State** 06-03-2000 90001 038 ***150.00 Principal Place of Business 15315 NW 60 Ave Suite A Miami Lakes F1. 33014 2. Principal Place of Business 3. Mailing Address 15315 NW Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4. FEI Number City & State City & State Applied For Lakes 65-089077/ Miami Not Applicable Country Zio \$8.75 Additional 5. Certificate of Status Desired 1 ade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والمحاضرة الأرسيد عورات خريوه والمطيدات Street Address (P.O. Box Number is Not Acceptable) F1. 33012 Hialeah City Zio 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. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY,1, 2000 Fee will be \$550.00 Maxe Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 4 11. CRPFR34 raggi President TITLE Diez, Aileen 15315 NW 60 Are Suite A NAME STREET ADVIRESS STREET ADDRESS Miami Lakes Fl. 33014 (317-ST-71P) CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE MARKE WANG. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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. SIGNATURE: TED RIME OF SIGNING OFFICER OR DIRECTOR

0/.....