

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076418

Entity Name: BEST MEDICAL CENTER, INC.

Current Principal Place of Business:

920 SW 82ND AVE
MIAMI, FL 33144

Current Mailing Address:

920 SW 82ND AVE
MIAMI, FL 33144 US

FEI Number: 20-0089668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, MARIA E
550 SW 84TH AVE.
MIAMI, FL 33144 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PS
Name HERNANDEZ, MARIA E
Address 550 SW 84TH AVE.
City-State-Zip: MIAMI FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA E HERNANDEZ

PS

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date