

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000041599

**Entity Name:** BEST ADVICE MEDICAID AND RETIREMENT PLANNING OF  
TAMPA BAY INC

**FILED**  
**Feb 19, 2019**  
**Secretary of State**  
**3665757127CC**

**Current Principal Place of Business:**

5441 ALDERWOOD STREET  
SPRING HILL, FL 34606

**Current Mailing Address:**

334 EAST LAKE RD  
#327  
PALM HARBOR, FL 34685 US

**FEI Number: 45-2039756**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

PRICE, CATHERINE  
5441 ALDERWOOD STREET  
SPRING HILL, FL 34606 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: HARMONY WIDMAN**

**02/19/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title      PRESIDENT, SECRETARY,  
TREASURER  
Name      PRICE, CATHERINE  
Address    5441 ALDERWOOD STREET  
City-State-Zip:    SPRING HILL FL 34606

Title      VP  
Name      PRICE, MARC A  
Address    334 EAST LAKE RD  
#327  
City-State-Zip:    PALM HARBOR FL 34685

*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: CATHERINE PRICE**

**PRESIDENT**

**02/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date