

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000028709

**Entity Name:** BEST CARE ACCIDENT CLINICS, INC.

**Current Principal Place of Business:**

7801 CORAL WAY  
SUITE 115  
MIAMI, FL 33155

**Current Mailing Address:**

7801 CORAL WAY  
SUITE 115  
MIAMI, FL 33155 US

**FEI Number:** 82-0969661

**Certificate of Status Desired:** No

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

DAUGHERTY, CALEB H DR.  
7801 CORAL WAY  
SUITE 115  
MIAMI, FL 33155 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            CEO  
Name            DAUGHERTY, CALEB H  
Address        7801 CORAL WAY, SUITE 115  
City-State-Zip: MIAMI FL 33155

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:** DR. CALEB H. DAUGHERTY

CEO

01/30/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date