

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000023574

Entity Name: BEST CHOICE MEDICAL CENTER INC

Current Principal Place of Business:

8764 SW 8 ST UNIT # 12
MIAMI, FL 33174

Current Mailing Address:

8764 SW 8 ST UNIT # 12
MIAMI, FL 33174

FEI Number: 82-4802735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIDEL PEREZ LORENZO
8764 SW 8 ST UNIT # 12
MIAMI, FL 33174 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 P
Name FIDEL PEREZ LORENZO
Address 8764 SW 8 ST UNIT # 12
City-State-Zip: MIAMI FL 33174

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: FIDEL PEREZ LORENZO

03/07/2019

Electronic Signature of Signing Officer/Director Detail

Date