## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000123079

Entity Name: OB/GYN BEST CARE LLC

**Current Principal Place of Business:** 

6657 COBIA CIRCLE

BOYNTON BEACH. FL 33437

**Current Mailing Address:** 

6657 COBIA CIRCLE

BOYNTON BEACH, FL 33437 US

FEI Number: 46-1070534 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JORGE RAMIREZ CPA, P.A. 3020 NE 32 AVE SUITE 303 FORT LAUDERDALE, FL 33308 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: JORGE RAMIREZ 05/01/2020

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** 

SHEK, GILBERTO H Name Address 6657 COBIA CIRCLE

City-State-Zip: BOYNTON BEACH FL 33437

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**FILED** May 01, 2020

**Secretary of State** 

1144955767CC