

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000166649

Entity Name: BESTCARE CLINICS L.L.C.

Current Principal Place of Business:

210 N. KIRKMAN RD.,
STE C
ORLANDO, FL 32811

Current Mailing Address:

6800 AMBASSADOR DR.
ORLANDO, FL 32818 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWELL, DAVE B SR
6800 AMBASSADOR DR.
ORLANDO, FL 32818 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: DAVE B HOWELL

05/01/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HOWELL, DAVE B SR.
Address 6800 AMBASSADOR DR.
City-State-Zip: ORLANDO FL 32818

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.

SIGNATURE: DAVE B HOWELL

PRESIDENT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date