2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
9199205025CC

DOCUMENT# L24000258900

Entity Name: MY BEST MEDICAL PRACTICE LLC

Current Principal Place of Business:

7676 NW 180 TER
HIALEAH, FL 33015

Current Mailing Address:

7676 NW 180 TER
HIALEAH, FL 33015

FEI Number: 99-3472248

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASIN, ELIZABETH
7676 NW 180 TER
HIALEAH, FL 33015 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

Authorized Person(s) Detail :

Title	MGR
Name	ASIN, ELIZABETH
Address	7676 NW 180TH TER
City-State-Zip:	HIALEAH FL 33015

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: ELIZABETH ASIN MGR 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date