

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084180

FILED
Jan 09, 2004
Secretary of State

Entity Name: EVEREST MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1840 SOUTHWEST 22ND STREET FOURTH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

5970 SW 18TH STREET
SUITE 129
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 51-0419151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: EVEREST MEDICAL SUPP, LY, INC.
Address: 1840 SOUTHWEST 22ND STREET, 4TH FLOOR
City-St-Zip: MIAMI, FL 33145 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHAD WILLIS

MR.

01/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date