2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# F20778

Entity Name: BEST MEDICAL INC.

Current Principal Place of Business:

4990 PALM AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4990 PALM AVENUE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-2075222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEREZ-ESPINOSA, MANUEL
4990 PALM AVENUE
HIALEAH, FL 33012

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: PD ( ) Delete
Name: PEREZ-ESPINOSA, MANU, EL
Address: 4990 PALM AVENUE
City-St-Zip: HIALEAH, FL

Title: D (X) Delete
Name: PEREZ, JOSE M
Address: 4990 PALM AVE
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEREZ-ESPINOSA, MANU, EL
Address: 4990 PALM AVENUE
City-St-Zip: HIALEAH, FL 33012

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: MANUEL PEREZ-ESPINOSA PD 03/05/2004

Electronic Signature of Signing Officer or Director — Date