

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003672

FILED
Mar 31, 2005
Secretary of State

Entity Name: QUEST MEDICAL SUPPLY, INC.

Current Principal Place of Business:

301 N SWEETWATER BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

301 N SWEETWATER BLVD
LONGWOOD, FL 327792516 US

Current Mailing Address:

301 N SWEETWATER BLVD
LONGWOOD, FL 32779

New Mailing Address:

301 N SWEETWATER BLVD
LONGWOOD, FL 327792516

FEI Number: 03-0375540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 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: D () Delete
Name: COURSON, CLINTON
Address: 301 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: COURSON, HILLARY
Address: 301 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COURSON, CLINTON S VP
Address: 301 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 327792516

Title: D (X) Change () Addition
Name: COURSON, HILLARY S PRES
Address: 301 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 327792516

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: CLINTON S. COURSON

D

03/31/2005

Electronic Signature of Signing Officer or Director

_____ Date