

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003672

FILED
Feb 12, 2006
Secretary of State

Entity Name: QUEST MEDICAL SUPPLY, INC.

Current Principal Place of Business:

301 N SWEETWATER BLVD
LONGWOOD, FL 327792516 US

New Principal Place of Business:

Current Mailing Address:

301 N SWEETWATER BLVD
LONGWOOD, FL 327792516

New Mailing Address:

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
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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 S VP
Address: 301 N SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 327792516

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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

VP

02/12/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date