


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90047 001 ***150.00
 01-20-2005 90047 002 *****8.75

DOCUMENT # P02000017124

1. Entity Name
CHOY MEDICAL SUPPLY INC.



Principal Place of Business
**12440 SW 11 TERRACE
 MIAMI, FL 33184**

Mailing Address
**12440 SW 11 TERRACE
 MIAMI, FL 33184**

66000218



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
09-3600878

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GONZALEZ-RODILES, XENIA
 12440 SW 11 TERRACE
 MIAMI, FL 33184**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ-RODILES, XENIA 12440 SW 11 TERR MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOY, NOELI 12440 SW 11 TERR MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOY, RENE J 12440 SW 11 TERR MIAMI, FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Xenia Jey-Rodiles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-05 (205) 663-9633
Date Daytime Phone #

ATTACHMENT

P02000017124 / 66000218



CHOY MEDICAL SUPPLY INC.
MEDICAL EQUIPMENT SALES & RENTALS
4703 SW 72ND AVE MIAMI, FL 33155
PHONE: (305) 663-9633 FAX: (305) 669-9896



To Whom It May Concern:

It has come to our attention while filing the 2005 for profit corporation annual report that the FEI Number is incorrect. The current pdf file did not provide for the correction of this error. Therefore, we are writing this letter.

The correct FEI # is: 04-3600878.

Please be so kind as to correct the mistake. Enclosed is a copy of the official communication by the IRS with the correct number.

If you have any questions please do not hesitate to call us at 305-663-9633, between 10:00 am and 5:00 pm. We appreciate your time and effort on this matter.

Thank you,

Sincerely,

Noeli Choy (Vice-President)

DATE: January 12, 2005

Thank you for being part of the Choy Medical Supply Family.

TIME: 2:32 PM



ATTACHMENT

CINCINNATI OH 45999-0046

In reply refer to: 0223738708
Apr. 17, 2003 LTR 385C
04-3600878 000000 00 000
02288

66000218

P02600017124

CHOY MEDICAL SUPPLY INC
4703 SW 72ND AVE
MIAMI FL 33172

Taxpayer Identification Number: 04-3600878

Dear Taxpayer:

Thank you for your Form 2553, Election by a Small Business Corporation, dated Mar. 07, 2003.

We accept your election to be treated as an S corporation with an accounting period of Dec. 31, 2003, beginning Jan. 01, 2003.

Note: If we examine your return, we will verify that this election is appropriate for your situation.

The tax liability of your new corporation begins when the corporation has shareholders, acquires assets, or begins doing business; whichever occurs first. The dates shown on your Form 2553 indicate a regular corporation liability for the periods beginning Feb. 14, 2002, and ending Dec. 31, 2002. Therefore, you should file Form 1120, U.S. Corporation Income Tax Return, or Form 1120-A, U.S. Corporation Short-Form Income Tax Return, to report regular corporate tax for that period. We have enclosed the forms for your convenience.

The address on your election is different from the address on our records. If the address on your election is correct, please complete and send us the enclosed Form 8822, Change of Address, so we may update our records.

We have enclosed an envelope for your convenience.

If you have any questions, please call Mr. Ray Shrader at 859-669-3474 between the hours of 8:00 a.m. and 3:30 p.m. EDT. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____