

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024744

FILED
Jan 23, 2006
Secretary of State

Entity Name: QUALITY MEDICAL SUPPLY, INC.

Current Principal Place of Business:

6382 NW 97 AVE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

6382 NW 97 AVE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 03-0412356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTELA, RENE
6382 NW 97TH AVE
MIAMI, FL 33178 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: PSTD () Delete
Name: PORTELA, RENE
Address: 6382 NW 97TH AVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: PORTELA, RENE R
Address: 6382 NW 97 AVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: PORTELA, MICHAEL J
Address: 6382 NW 97 AVE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: PORTELA, ROSA M
Address: 6382 NW 97 AVE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RENE PORTELA

MR.

01/23/2006

Electronic Signature of Signing Officer or Director

Date