

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000107980

FILED
Jun 19, 2006
Secretary of State**Entity Name:** BEST CHOOSE MEDICAL SUPPLIES INC**Current Principal Place of Business:**8045 NW 36 ST
MIAMI, FL 33166**New Principal Place of Business:**8045 NW 36 ST
SUITE 525
MIAMI, FL 33166**Current Mailing Address:**8045 NW 36 ST
MIAMI, FL 33166**New Mailing Address:**8045 NW 36 ST
SUITE 525
MIAMI, FL 33166**FEI Number:** 01-0818245**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MELIAN, JUAN R
3400 SW 89 AVE.
MIAMI, FL 33165 US**Name and Address of New Registered Agent:**PEREZ, YOEL G
8045 NW 36 ST
SUITE 525
MIAMI, FL 33166 US

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: YOEL G. PEREZ

06/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELIAN, JUAN R
Address: 3400 SW 89 AVE.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PEREZ, YOEL G
Address: 8045 NW 36 ST, SUITE 525
City-St-Zip: MIAMI, FL 33166

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: YOEL G. PEREZ

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06/19/2006

Electronic Signature of Signing Officer or Director

Date