## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051555

Entity Name: BETTER HOSPITAL SUPPLIES CORP

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
15315 NW 60 AVE SUITE A MIAMI LAKES, FL 33014			7875 NW 188 LANE MIAMI, FL 33015		
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
15315 NW SUITE A MIAMI LAK	60 AVE (ES, FL 33014		P.O. BOX 170368 HIALEAH, FL 33017		
FEI Number:	20-2642412	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
AGUERO, 7875 NW 1 MIAMI, FL	188 LANE				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () AGUERO, HIDEI 7875 NW 188 L MIAMI, FL 3301	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: HIDELIZA AGUERO P 04/30/2009