

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90240 015 \*\*\*150.00

<b>DOCUMENT # P05000130652</b> 1. Entity Name TOP CHOICE MEDICAL SUPPLIES, INC.	
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Principal Place of Business 1700 NW 15 STREET MIAMI, FL 33125	Mailing Address 1700 NW 15 STREET MIAMI, FL 33125
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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GONZALEZ, MARTHA M 1700 NW 15 STREET MIAMI, FL 33125			
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7. Name and Address of New Registered Agent			
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Name			
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Street Address (P.O. Box Number is Not Acceptable)			
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City			
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FL			
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Zip Code			
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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.			
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SIGNATURE _____			
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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DATE _____			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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10. OFFICERS AND DIRECTORS			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GONZALEZ, MARTHA M 2631 NW 87 STREET MIAMI, FL 33147	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
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SIGNATURE: _____		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
--	--	--

Date		
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Daytime Phone #		
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40032686



03132006 Chg-P CR2E034 (11/05)

4. FEI Number 203576017	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
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7. Name and Address of New Registered Agent	
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Name	
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Street Address (P.O. Box Number is Not Acceptable)	
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City	
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FL	
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Zip Code	
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SIGNATURE: _____		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
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Date		
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Daytime Phone #		
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3/13/06 (305) 324-4456