

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043464

FILED
Apr 19, 2008
Secretary of State

Entity Name: QUALITY MEDICAL SUPPLY & EQUIPMENT INC.

Current Principal Place of Business:

13190 SW 18TH
MIAMI, FL 33175

New Principal Place of Business:

6559 SW 147 CT
MIAMI, FL 33193

Current Mailing Address:

13190 SW 18TH
MIAMI, FL 33175

New Mailing Address:

6559 SW 147 CT
MIAMI, FL 33193

FEI Number: 74-3181597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ALAIN
13190 SW 18TH
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

RODRIGUEZ, ALAIN
6559 SW 147 CT
MIAMI, FL 33193 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: ALAIN

04/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, ALAIN
Address: 13190 SW 18TH
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODRIGUEZ, ALAIN
Address: 6559 SW 147 CT
City-St-Zip: MIAMI, FL 33193

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: ALAIN RODRIGUEZ

PD

04/19/2008

Electronic Signature of Signing Officer or Director

Date