

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128372

FILED
Apr 27, 2008
Secretary of State

Entity Name: BEST CHOICE MEDICAL & MOBILITY EQUIPMENT, INC.

Current Principal Place of Business:

4555 LAKE SHORE DRIVE
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

1270 SOUTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

Current Mailing Address:

4417 13TH STREET
SUITE 175
SAINT CLOUD, FL 34769 US

New Mailing Address:

1270 SOUTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741 US

FEI Number: 26-1511057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, ELBA
4555 LAKE SHORE DRIVE
SAINT CLOUD, FL 34772 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: P () Delete
Name: SANTIAGO, ELBA
Address: 4555 LAKE SHORE DRIVE
City-St-Zip: SAINT CLOUD, FL 34772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ELBA SANTIAGO

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date