

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000064488 (6)**

1. Corporation Name

A.M. BEST MEDICAL SUPPLY CORP.

Principal Place of Business

**261 WESTWOOD DR.
SUITE 112
MIAMI SPRINGS FL 33166**

Mailing Address

**261 WESTWOOD DR.
SUITE 112
MIAMI SPRINGS FL 33166**



2. Principal Place of Business

21 261 Westward Dr

Suite, Apt. #, etc.

22 Suite 112

City & State

23 Miami Springs FL

Zip

24 33166

Country

25 U.S.

2a. Mailing Address

26 261 Westward Dr.

Suite, Apt. #, etc.

27 Suite 112

City & State

28 Miami Springs FL

Zip

29 33166

Country

30 U.S.

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

4. FEI Number

65 - 06 03 903

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RICO, AMALIA D
261 WESTWARD DRIVE
SUITE 112
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if not a corporation) or of the corporation (if a corporation) (Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
RICO, AMALIA D
261 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

TITLE ☐ DELETE

NAME

STREET ADDRESS

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