FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P95000074810

1. Corporation Name
BEST QUALITY MEDICAL SUPPLY, INC

Principal Place of Business
4995 N.W. 79th AVE
MIAMI FL 33166
SUITE 106

Mailing Address
4995 N.W. 79th AVE
SUITE 106
MIAMI, FL 33166

3. Date Incorporated or Qualified: 09/27/95	3a. Date of Last Report: 09/27/95
4. FEI Number: 22-3400483	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 4995 N.W. 79th AVE	26 1800 S.W. 1ST
Suite, Apt. #, etc. 22 106	Suite, Apt. #, etc. 27 SUITE 312
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166 Country 25 DADE	Zip 29 33135 Country 30 DADE

9. Name and Address of Current Registered Agent
MAYRA AVILA
5681 S.W. 142 AVE
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name MAYRA AVILA
82 Street Address (P.O. Box Number is Not Acceptable) 5681 S.W. 142 AVE
83
84 City MIAMI FL 85 Zip Code 33183

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 X Mayra Avila — Signature, typed or printed name of registered agent and title if applicable — DATE 4/23/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	~~D~~	☐ DELETE
NAME	~~AVILA, MAYRA~~	
STREET ADDRESS	~~5681 S.W. 142 AVE~~	
CITY-ST-ZIP	~~MIAMI, FL 33183~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	MAYRA AVILA	
1.3 STREET ADDRESS	5681 S.W. 142 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33183	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Mayra Avila — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/23/96 — Daytime Phone #