

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

97 JUL -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 95000074810 1. Corporation Name BEST QUALITY MEDICAL SUPPLY, INC			
Principal Place of Business 4995 NW 79 AVE STE #106 MIAMI, FL 33166		Mailing Address SAME	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 9/27/95	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-3400483	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent Carlos S. Parnales 4995 NW 79 AVE A-106 MIAMI FLA 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: C. Parnales			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C. Parnales			

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****250.00 ****250.00

900002229029---1
-07/02/97--01059---008
****300.00 ****300.00

u. Alan
7/2/97

7/1/97