SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON DR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED AND FILED FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 96 JUNETE MI10: 53 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE TALLAR OSEE, FLORIDA P95000088821 (0) **DOCUMENT #** BEST CARE MEDICAL SUPPLIES, INC. Mailing Address Principal Place of Business 3600 S STATE RD 7. #4 3600 S STATE RD 7. #4 MIRAMAR FL 33023 MIRAMAR FL 33023 3a. Date of Last Report 3. Date Incorporated or Qualified 11/20/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 65-06/9453 Not Applicable 26 21 \$8.75 Additional Certificate of Status Desired Suite Apt #, etc Fee Required Suite, Apt #, etc 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has hability for intangible to under s. 199 032 23 Country Country Zip Yes Florida Statutes 30 29 Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name HERNANDEZ, LAURA Street Address (P.O. Box Number is Not Acceptable) 82 3600 S STATE RD 7, #4 200001858272 -06/11/96--01106--019 MIRAMAR FL 33023 83 ****225.98L ****225:00 84 City 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 appointment of Section 607.0502. Yourgan Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE TITLE CR2E034 200001858272 -06/11/96--01106--020 HERNANDEZ, LAURA 1.3 STREET ADDRESS 3600 S STATE RD 7, #4 STREET ADDRESS 14 City - ST- ZiP MIRAMAR FL 33023 CITY-ST-ZIP 2 1 TITLE DELETE TITLE 23 STREET ADDRÉSS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIF DELETE 3 1 TITLE TITLE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-51-ZIP Change Addition CITY - ST - ZIP DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - S1 - ZIP Change Addition CITY - ST - ZIF DELETE 51 TiTLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 arrival report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address? 64 CITY-ST-ZIP CHTY - ST - ZIP

SIGNATURE:

0025871