

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION,
ANNUAL REPORT
1996



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

DOCUMENT # **P95000094098 (7)**
1. Corporation Name
BEST CARE MEDICAL EQUIPMENT INC

Principal Place of Business Mailing Address
3940 WEST FLAGLER STREET **3940 WEST FLAGLER STREET**
MIAMI FL 33134 **MIAMI FL 33134**

3. Date Incorporated or Qualified **12/12/1995** 3a. Date of Last Report
4. FLL Number **65-0625688** 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. 199.03? Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

CIOFFI, ROMUALDO JR
3940 WEST FLAGLER STREET
MIAMI FL 33134

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 type (unprinted name or typed name) and date

Print the Registered Agent's signature (required when changing agent)

DATE

12. OFFICERS AND DIRECTORS
TITLE **PRESIDENT** ☐ DELETE
NAME **Romualdo Cioffi Jr**
STREET ADDRESS **1412 SW 52 ST MIAMI, FL 33171**
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

300001934393
08/28/96-01058-007
******225.00 ****225.00**

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, 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change, or in an attachment with an address.

SIGNATURE:

Romualdo Cioffi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 (305) 445-5447

FILED
96 AUG 26 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (3/96)