


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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094098
1. Corporation Name
Best Care Medical Equipment, Inc.

Principal Place of Business Mailing Address
3940 West Flagler Street
Miami, Florida 33134 Same

2. Principal Place of Business 21 807 S.W. 25 Avenue Suite, Apt. #, etc. 22 Suite 301A City & State 23 Miami, Florida Zip 24 33135		2a. Mailing Address 26 807 S.W. 25 Avenue Suite, Apt. #, etc. 27 Suite 301A City & State 28 Miami, Florida Zip 29 33135		3. Date Incorporated or Qualified 12/12/95		3a. Date of Last Report 2/10/97	
				4. FEI Number 65-0625688		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent Romualdo Cioffi, Jr. 3940 West Flagler Street Miami, Florida 33134		10. Name and Address of New Registered Agent 81 Name 82 Alfredo Nodarse 83 Street Address (P.O. Box Number is Not Acceptable) 807 S.W. 25 Avenue 84 Suite 301A City Miami FL 85 Zip Code 33135	
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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 Alfredo Nodarse ALFREDO NODARSE 10/1/97
Signature typed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.6 CITY-ST-ZIP 2.7 CITY-ST-ZIP 2.8 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.10 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.6 CITY-ST-ZIP 2.7 CITY-ST-ZIP 2.8 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.10 CITY-ST-ZIP	
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4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 CITY-ST-ZIP 4.6 CITY-ST-ZIP 4.7 CITY-ST-ZIP 4.8 CITY-ST-ZIP 4.9 CITY-ST-ZIP 4.10 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 CITY-ST-ZIP 4.6 CITY-ST-ZIP 4.7 CITY-ST-ZIP 4.8 CITY-ST-ZIP 4.9 CITY-ST-ZIP 4.10 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 CITY-ST-ZIP 5.8 CITY-ST-ZIP 5.9 CITY-ST-ZIP 5.10 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 CITY-ST-ZIP 5.8 CITY-ST-ZIP 5.9 CITY-ST-ZIP 5.10 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY-ST-ZIP 6.10 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 CITY-ST-ZIP 6.9 CITY-ST-ZIP 6.10 CITY-ST-ZIP	

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: Alfredo Nodarse 10/1/97 (305) 446-7300
Signature typed Date Daytime Phone #

Amended
FILED
97 OCT 27 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/96)