

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

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000094098 (7)**

1. Corporation Name

BEST CARE MEDICAL EQUIPMENT INC

Principal Place of Business

**807 S.W. 25TH AVENUE
SUITE 301A
MIAMI FL 33135**

Mailing Address

**807 S.W. 25TH AVENUE
SUITE 301A
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1995

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**NODARSE, ALFREDO
807 S.W. 25TH AVENUE
SUITE 301A
MIAMI FL 33135**

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 typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP
**PD
NODARSE, ALFREDO
807 S.W. 25TH AVENUE, SUITE 301A
MIAMI FL 33135**

TITLE NAME STREET ADDRESS CITY-ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST- ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST- ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST- ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST- ZIP ☐ Change ☐ Addition

14. I 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**

2/18/98

CR2E034 (10/97)