

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01701

FILED
Apr 28, 2009
Secretary of State

Entity Name: BEST MEDICAL AND HOSPITAL SUPPLIERS, INC.

Current Principal Place of Business:

400 SW 107 AVE
305
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

400 SW 107 AVE
305
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0222606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENGIFO, EDGAR
801 BRICKELL BAY DRIVE
1504
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENGIFO, EDGAR
Address: 801 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR RENGIFO

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date