## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01701

FILED Apr 04, 2011 Secretary of State

Entity Name: BEST MEDICAL AND HOSPITAL SUPPLIERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 400 SW 107 AVE 305 MIAMI, FL 33174 **Current Mailing Address: New Mailing Address:** 400 SW 107 AVE MIAMI, FL 33174 FEI Number: 65-0222606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RENGIFO, EDGAR 801 BRICKELL BAY DRIVE 1504 MIAMI, FL 33131 US 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

## **OFFICERS AND DIRECTORS:**

Title:

Name: RENGIFO, EDGAR
Address: 801 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: EDGAR RENGIFO P 04/04/2011