

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000004216

Entity Name: ONE CALL MEDICAL, INC.

**FILED**  
**Aug 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

20 WATERVIEW BOULEVARD  
PARSIPPANY, NJ 070540614

**New Principal Place of Business:**

**Current Mailing Address:**

20 WATERVIEW BOULEVARD  
PARSIPPANY, NJ 070540614

**New Mailing Address:**

FEI Number: 22-3218521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SPAFFORD, KENT  
Address: 20 WATERVIEW BOULEVARD  
City-St-Zip: PARSEPPANY, NJ 07054

Title: CFO  
Name: GREEN, WARREN  
Address: 20 WATERVIEW BOULEVARD  
City-St-Zip: PARSEPPANY, NJ 07054

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: WARREN GREEN

CFO

08/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date