

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004267

1. Entity Name
HEALTHCARE UNIFORM COMPANY, INC.



Principal Place of Business
**2132 KRATKY ROAD
ST. LOUIS, MO 63114**

Mailing Address
**2132 KRATKY ROAD
ST. LOUIS, MO 63114**

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1190640

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME TERRY, CLARENCE E
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME KING, T. SCOTT
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME SKILLEN, R. LYNN
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME CALHOUN, KEVIN J
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE V
NAME LIFF, M. STEVEN
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE VS
NAME MCCONVERY, MICHAEL J
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

1000000528447
05/05/06-80038-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Vanderwal
Rick Vanderwal

Date

4/10/06

Daytime Phone #

(314) 824-2900