

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 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



04032007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000697901
04/18/07-80057-024 150.00

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**

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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

4/3/07

Date

(314) 824-2950

Daytime Phone #