# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 09, 2009**
**Secretary of State**

DOCUMENT# F04000004267

**Entity Name:** HEALTHCARE UNIFORM COMPANY, INC.

**Current Principal Place of Business:**

2132 KRATKY ROAD
ST. LOUIS, MO 63114

**New Principal Place of Business:**

**Current Mailing Address:**

2132 KRATKY ROAD
ST. LOUIS, MO 63114

**New Mailing Address:**

**FEI Number: 20-1190640** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: V ( ) Delete
Name: LIFF, M. STEVEN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VS ( ) Delete
Name: MCCONVERY, MICHAEL J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition
Name: RUDD, JAMES
Address: 2132 KRATKY ROAD
City-St-Zip: ST. LOUIS, MO 63114

Title: CFO (X) Change ( ) Addition
Name: GRAIFF, BRYAN
Address: 2132 KRATKY ROAD
City-St-Zip: ST. LOUIS, MO 63114

Title: VP ( ) Change (X) Addition
Name: MEZZANOTTE, DAVID
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: KUCHENRITHER, MARK
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

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: BRYAN GRAIFF CFO 04/09/2009

Electronic Signature of Signing Officer or Director — Date