

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004267

FILED
Mar 25, 2011
Secretary of State

Entity Name: HEALTHCARE UNIFORM COMPANY, INC.

Current Principal Place of Business:

2132 KRATKY ROAD
ST. LOUIS, MO 63114

New Principal Place of Business:

2132 KRATKY ROAD
ST. LOUIS, MO 63114 17

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

OFFICERS AND DIRECTORS:

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

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

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

Title: VP
Name: WALTERS, RICK
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

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: BRYAN GRAIFF

CFO

03/25/2011

Electronic Signature of Signing Officer or Director

Date