2005 FOR PROFIT CORPORATION ANNUAL®REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

1. Entity Name WESCOM REALTY, INC.					02	2-27-2006 90	098 005 ****	150.00	
Principal Place	e of Business	Mailing Address	··						
		9446 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256		·	4 (***)?************		3181 ITBN 8911 BIF 8 1	Oliol libra ha	
2. Principal Place of Business 3.		. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04132005	Chg-P	CR2E034	(10/03)	
City & State		City & State	City & State		4. FEI Number	249	1614	- 	plied For t Applicable
Zíp			Country			of Status Desired	Fe Fe	8.75 Add e Required	
. 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WESCOM PRODUCTS FOR HEALTHCARE, 9446 PHILLIPS HIGHWAY		E, INC.		Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32256									
			City				FL	Zip Code	
	named enfity submits this statement for tions of registered agent.	he purpose of changing its	registered o	office or register	ed agent, or both	n, in the State of F	Florida. I am fan	niliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Age	ent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campai Trust Fund Contr			00 May Be ed to Fees			•	
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/	CHANGES TO OF			
TITLE	D ···	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	BELL, CHARLES E 11686 BLÄCKSTONE RIVER DRIV	/E	name Street al	DDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-						
TITLE	Р			ZIP					
		☐ Delete	TITLE	ZIP				Change	Addition
NAME STREET ADDRESS	BELL, CHARLES E		NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	BELL, CHARLES E 11686 BLACKSTONE RIVER DRIV JACKSONVILLE, FL 32256			DDRESS			C	☐ Change	Addition
STREET ADDRESS	11686 BLACKSTONE RIVER DRIV		name Street ac	DDRESS				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	11686 BLACKSTONE RIVER DRIV JACKSONVILLE, FL 32256 VP LANE, CLIFFORD G	/E	NAME STREET AL CITY-ST- TITLE NAME	DDRESS Zip					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11686 BLACKSTONE RIVER DRIV JACKSONVILLE, FL 32256 VP LANE, CLIFFORD G 4149 BRIDGEVILLE PLACE	/E	NAME STREET AG CITY-ST- TITLE NAME STREET AG	DDRESS ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11686 BLACKSTONE RIVER DRIV JACKSONVILLE, FL 32256 VP LANE, CLIFFORD G 4149 BRIDGEVILLE PLACE JACKSONVILLE, FL 32223	/E □ Delete	NAME STREET AL CITY-ST- TITLE NAME	DDRESS ZIP			С		
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

04-14-05

904-260-6334