

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131583

Entity Name: Q4 MED SOURCE, INC.

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

600 GATHERING PARK CIR.
SUITE 101
CARY, NC 27519

New Principal Place of Business:

10113 SAN REMO PL
WAKE FOREST, NC 27587

Current Mailing Address:

600 GATHERING PARK CIR.
SUITE 101
CARY, NC 27519

New Mailing Address:

10113 SAN REMO PL
WAKE FOREST, NC 27587

FEI Number: 20-5739736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSHI, ARUN
1206 WOLVERINE TRAIL
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

JOSHI, ARUN
10113 SAN REMO PL
WAKE FOREST, FL 27587 US

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:

07/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: JOSHI, ARUN
Address: 1206 WOLVERINE TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Delete
Name: WETHERELL, RICHARD
Address: 502 PRESIDENTS WALK LANE
City-St-Zip: CARY, NC 27519

Title: P () Delete
Name: LIPPY, DENISE
Address: 11 PALOMAR DRIVE
City-St-Zip: MANVEL, TX 77578

Title: VP () Delete
Name: DIBARI, FRANCIS
Address: 10113 SAN REMO PLACE
City-St-Zip: WAKE FOREST, NC 27587

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: JOSHI, ARUN
Address: 1206 WOLVERINE TRAIL
City-St-Zip: WINTER SPRINGS, FL 27587

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LIPPY, DENISE
Address: 11 PALOMAR DRIVE
City-St-Zip: MANVEL, TX 27587

Title: T (X) Change () Addition
Name: DIBARI, FRANCIS
Address: 10113 SAN REMO PLACE
City-St-Zip: WAKE FOREST, NC 27587

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: FRANCIS DI BARI

T

07/16/2008

Electronic Signature of Signing Officer or Director

Date