

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132281

Entity Name: HOSTMEDICS INC.

FILED
Apr 18, 2010
Secretary of State

Current Principal Place of Business:

16393 E PLEASURE DR
LOXAHATCHEE, FL 33470

New Principal Place of Business:

16393 E PLEASURE DR
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

16393 E PLEASURE DR
LOXAHATCHEE, FL 33470

New Mailing Address:

16393 E PLEASURE DR
LOXAHATCHEE, FL 33470 US

FEI Number: 22-3973486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL CLARK CPA
605 BELVEDERE ROAD
SUITE 6
WEST PALM BEACH, FL 33405 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: DP
Name: BROWN, BRIAN
Address: 16393 E PLEASURE DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: DS
Name: KIMBALL, DAVID
Address: 16393 E PLEASURE DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: BRIAN BROWN

P

04/18/2010

Electronic Signature of Signing Officer or Director

Date