

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018321

Entity Name: 1ST CLASS MEDICAL INC

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

376 SW ALACHUA AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

347 SW MAIN BLVD
SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UMSTEAD, CALEB
347 SW MAIN BLVD
SUITE 101
LAKE CITY, FL 32025 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: P
Name: MIDDLETON, JAMES S
Address: PO BOX 1881
City-St-Zip: LAKE CITY, FL 32056

Title: VP
Name: LUCKNER, CORY T
Address: 9157 SOUTH PRINCETON STREET
City-St-Zip: HIGHLANDS RANCH, CO 80130

Title: TRES
Name: UMSTEAD, CALEB M
Address: 1507 NW FRONTIER DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: SECR
Name: LUCKNER, MICHELLE M
Address: 9157 SOUTH PRINCETON STREET
City-St-Zip: HIGHLANDS RANCH, CO 80130

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: CALEB UMSTEAD

TRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date