

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000018321

Entity Name: 1ST CLASS MEDICAL INC

**FILED**  
**Jan 31, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

376 SW ALACHUA AVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

417 SW MAIN BLVD  
LAKE CITY, FL 32025

**Current Mailing Address:**

347 SW MAIN BLVD  
SUITE 101  
LAKE CITY, FL 32025

**New Mailing Address:**

PO BOX 1543  
LAKE CITY, FL 32056

FEI Number: 35-2409307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: CALEB UMSTEAD

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

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01/31/2013

Electronic Signature of Signing Officer or Director

Date