2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000028532

1. Entity Name
MODULAR MEDICAL SYSTEMS INC.

Principal Place of Business	Mailing Address
2701 INDUSTRIAL AVE 3 FT PIERCE, FL 34946 US	2701 INDUSTRIAL AVE 3 FT PIERCE, FL 34946 US

01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0765470
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARSON, GEORGE
309 FERNANDINA ST
FT PIERCE, FL 34949

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARSON, GEORGE
STREET ADDRESS	309 FERNANDINA ST
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	VP
NAME	BARSON, JILL
STREET ADDRESS	309 FERNANDINA ST
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	V
NAME	BARSON, MICHAEL
STREET ADDRESS	1301 CARLTON CT
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80046-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: George Barson, President 1/16/06 772-4646400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #