

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028532

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: MODULAR MEDICAL SYSTEMS INC.

## Current Principal Place of Business:

2701 INDUSTRIAL AVE 3  
FT PIERCE, FL 34946 US

## New Principal Place of Business:

## Current Mailing Address:

2701 INDUSTRIAL AVE 3  
FT PIERCE, FL 34946 US

## New Mailing Address:

FEI Number: 65-0765470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARSON, GEORGE  
309 FERNANDINA ST  
FT PIERCE, FL 34949 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: D ( ) Delete  
Name: BARSON, GEORGE  
Address: 309 FERNANDINA ST  
City-St-Zip: FT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: BARSON, JILL  
Address: 309 FERNANDINA ST  
City-St-Zip: FT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: BARSON, MICHAEL  
Address: 1301 CARLTON CT  
City-St-Zip: FORT PIERCE, FL 34949

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GEORGE BARSON

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date