

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000028532

**FILED**  
**Oct 01, 2014**  
**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:**

3208 INDUSTRIAL 31ST ST  
FT PIERCE, FL 34946 US

**Current Mailing Address:**

2701 INDUSTRIAL AVE 3  
FT PIERCE, FL 34946 US

**New Mailing Address:**

3208 INDUSTRIAL 31ST ST  
FT PIERCE, FL 34946 US

**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:** GEORGE BARSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BARSON, GEORGE  
**Address:** 309 FERNANDINA ST  
**City-St-Zip:** FT PIERCE, FL 34949

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

**Title:** VP  
**Name:** BARSON, MICHAEL  
**Address:** 309 FERNANDINA ST  
**City-St-Zip:** FORT PIERCE, FL 34949

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:** GEORGE BARSON

PRES

10/01/2014

Electronic Signature of Signing Officer or Director

Date