


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90093 039 ***150.00

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|---|---|
| DOCUMENT # P97000052482 1. Entity Name WESCOM PRODUCTS FOR HEALTHCARE, INC. |  |
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| Principal Place of Business 9446 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32256 | Mailing Address 9446 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32256 |
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| 2. Principal Place of Business - No P.O. Box # 5343 Bowden Rd. | 3. Mailing Address 5343 Bowden Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Jacksonville FL | City & State Jacksonville FL |
| Zip 32210 | Zip 32210 |
| Country US | Country US |

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| BELL, CHARLES E 9446 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32256 | |

03072007 Chg-P CR2E034 (12/06)

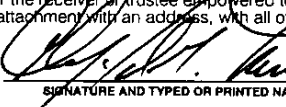
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| 4. FEI Number 59-3448712 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 5343 Bowden Rd. | |
| City Jacksonville | Zip Code FL 32210 |

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| DATE _____ | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BELL, CHARLES E 11686 BLACKSTONE RIVER DR. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Lane, Clifford G 4149 Bridgeville Place Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BELL, DAPHNE V 11686 BLACKSTONE RIVER DR. JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | 3/15/07 Date Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |