

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90021 018 ***150.00

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1. Entity Name
WESCOM PRODUCTS FOR HEALTHCARE, INC.



Principal Place of Business
**5343 BOWDEN RD.
JACKSONVILLE, FL 32216**

Mailing Address
**5343 BOWDEN RD.
JACKSONVILLE, FL 32216**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3448712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, CHARLES E
5343 BOWDEN RD.
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BELL, CHARLES E
14688 BLACKSTONE RIVER DR 1270 Mayfair Rd
JACKSONVILLE, FL 32256 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BELL, DAPHNE V
14688 BLACKSTONE RIVER DR 1270 Mayfair Rd
JACKSONVILLE, FL 32256 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LANE, CLIFFORD G
4149 BRIDGEVILLE PLACE
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/08 (904) 260-6334