

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000105223

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** MEDCOM PRODUCT SOLUTIONS, INC.

**Current Principal Place of Business:**

14106 HARBOUR VISTA CIR  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

2202 HEATHER RUN TER  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

P.O. BOX 3502  
ST AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 65-0803897      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCEWAN, KATHLEEN S  
14106 HARBOUR VISTA CIR  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

MCEWAN, JOHN T  
2202 HEATHER RUN TER  
PALM BEACH GARDENS, FL 33418 US

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: JOHN T. MCEWAN

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: MCEWAN, JOHN T P/S  
Address: 2202 HEATHER RUN TER  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: JOHN T. MCEWAN

P/S

04/22/2011

Electronic Signature of Signing Officer or Director

Date