

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018321

Entity Name: 1ST CLASS MEDICAL INC

Current Principal Place of Business:

417 SW MAIN BLVD
LAKE CITY, FL 32025

Current Mailing Address:

PO BOX 1543
LAKE CITY, FL 32056

FEI Number: 35-2409307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UMSTEAD, CALEB
417 SW MAIN BLVD
LAKE CITY, FL 32025 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MIDDLETON, JAMES S
Address PO BOX 1881
City-State-Zip: LAKE CITY FL 32056

Title TRES
Name UMSTEAD, CALEB M
Address 290 NW EMPORIA GLEN
City-State-Zip: LAKE CITY FL 32025

Title VP
Name LUCKNER, CORY T
Address 9157 SOUTH PRINCETON STREET
City-State-Zip: HIGHLANDS RANCH CO 80130

Title SECR
Name LUCKNER, MICHELLE M
Address 9157 SOUTH PRINCETON STREET
City-State-Zip: HIGHLANDS RANCH CO 80130

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: CALEB UMSTEAD

OWNER

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date