

2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000018321

Entity Name: 1ST CLASS MEDICAL INC**Current Principal Place of Business:**2140 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:** Yes**Name and Address of Current Registered Agent:**UMSTEAD, CALEB
2140 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:** CALEB UMSTEAD

01/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VP
Name	LUCKNER, CORY T
Address	10495 CHEETAH WINDS
City-State-Zip:	LITTLETON CO 80124

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

Title	SECR
Name	MERCOGLIANO, MICHELLE M
Address	731 WEST MINERAL AVE APT 2021
City-State-Zip:	LITTLETON 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

PRES

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date