# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2004**
**Secretary of State**

DOCUMENT# F03000003642

**Entity Name:** UNITED MEDICAL SYSTEMS (DE), INC.

**Current Principal Place of Business:**

ONE TECHNOLOGY DRIVE, 3RD FLOOR
WESTBOROUGH, MA 01581

**New Principal Place of Business:**

1500 WEST PARK DRIVE
SUITE 390
WESTBOROUGH, MA 01581

**Current Mailing Address:**

ONE TECHNOLOGY DRIVE, 3RD FLOOR
WESTBOROUGH, MA 01581

**New Mailing Address:**

1500 WEST PARK DRIVE
SUITE 390
WESTBOROUGH, MA 01581

**FEI Number: 03-0495549** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: MADSEN, JORGEN
Address: ONE TECHNOLOGY DRIVE, 3RD FLOOR
City-St-Zip: WESTBOROUGH, MA 01581

Title: DT ( ) Delete
Name: HENKEL, ASTRID
Address: ONE TECHNOLOGY DRIVE, 3RD FLOOR
City-St-Zip: WESTBOROUGH, MA 01581

Title: S ( ) Delete
Name: LOMBARDI, ROBERT P
Address: 100 FRONT STREET
City-St-Zip: WORCESTER, MA 01608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: MADSEN, JORGEN
Address: 1500 WEST PARK DRIVE, SUITE 390
City-St-Zip: WESTBOROUGH, MA 01581

Title: DT (X) Change ( ) Addition
Name: HENKEL, ASTRID
Address: 1500 WEST PARK DRIVE, SUITE 390
City-St-Zip: WESTBOROUGH, MA 01581

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JORGEN MADSEN DP 03/18/2004

Electronic Signature of Signing Officer or Director — Date