

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003642

FILED  
Mar 14, 2006  
Secretary of State

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

## Current Principal Place of Business:

1500 WEST PARK DRIVE  
SUITE 390  
WESTBOROUGH, MA 01581

## New Principal Place of Business:

## Current Mailing Address:

1500 WEST PARK DRIVE  
SUITE 390  
WESTBOROUGH, MA 01581

## New Mailing Address:

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: 1500 WEST PARK DRIVE, SUITE 390  
City-St-Zip: WESTBOROUGH, MA 01581

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

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

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 Chapter 119, 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

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03/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date