2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003642

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

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	of Business:	
SUITE 390	T PARK DRIV				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 390	T PARK DRIV				
FEI Number:	03-0495549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 SOUT PLANTATI The above	ORATION SY TH PINE ISLA ON, FL 33324 named entity of Florida.	ND ROAD I US	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MADSEN, JOR	ARK DRIVE, SUITE 390	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (LOMBARDI, RO 100 FRONT ST WORCESTER,	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 DPT 03/27/2007