

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003642

Entity Name: UNITED MEDICAL SYSTEMS (DE), INC.**Current Principal Place of Business:**1700 WEST PARK DRIVE
SUITE 410
WESTBOROUGH, MA 01581**Current Mailing Address:**1700 WEST PARK DRIVE
SUITE 410
WESTBOROUGH, MA 01581 US**FEI Number:** 03-0495549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DPT
Name MADSEN, JORGEN
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

Title DIRECTOR
Name BLECHMAN, DAVID
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

Title DIRECTOR
Name SCOTT, MIKE
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

Title CFO
Name HETU, GLENN
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

Title S
Name LOMBARDI, ROBERT P
Address 100 FRONT STREET
City-State-Zip: WORCESTER MA 01608

Title DIRECTOR
Name WILLIAMS, KEITH
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

Title DIRECTOR
Name KIM, JOHN
Address 1700 WEST PARK DRIVE
SUITE 410
City-State-Zip: WESTBOROUGH MA 01581

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: GLENN HETU

CFO

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date