

**2018 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 CDO  
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

CDO

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date