

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95816

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL CONCEPTS, INC.

**Current Principal Place of Business:**

6245 N. FEDERAL HWY  
SUITE 300  
FT. LAUDERDALE, FL

**New Principal Place of Business:**

6245 N. FEDERAL HWY  
SUITE 300  
FT. LAUDERDALE, FL 33308 US

**Current Mailing Address:**

6245 N FEDERAL HIGHWAY  
SUITE 300  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

6245 N. FEDERAL HWY  
SUITE 300  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 65-0620179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARKINS, CHRISTOPHER  
6245 N FEDERAL HIGHWAY  
SUITE 300  
FT LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NAGER, BRUCE  
Address: 6245 N FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: D  
Name: HARKINS, CHRISTOPHER T  
Address: 6245 N FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: CHRISTOPHER HARKINS

D

03/15/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date