

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000446

FILED
Apr 11, 2005
Secretary of State

Entity Name: UNITED MEDICAL SOLUTIONS, LLC

Current Principal Place of Business:

550 REO STREET, SUITE 103
TAMPA, FL 33609

New Principal Place of Business:

550 REO STREET
SUITE 201A
TAMPA, FL 33609

Current Mailing Address:

550 REO STREET, SUITE 103
TAMPA, FL 33609

New Mailing Address:

550 REO STREET
SUITE 201A
TAMPA, FL 33609

FEI Number: 76-0721981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVIA, ROBERT
550 RED ST. SUITE 201A
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MURPHY, THOMAS C
550 REO STREET
SUITE 201A
TAMPA, FL 33609 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: THOMAS C MURPHY

04/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DELUZIO, VINCENT C MANAGER
Address: 113 TECHNOLOGY DRIVE
City-St-Zip: PITTSBURGH, PA 15275 US

Title: MGR () Delete
Name: MURPHY, THOMAS C MANAGER
Address: 113 TECHNOLOGY DRIVE
City-St-Zip: PITTSBURGH, PA 15275 US

Title: MGR () Delete
Name: APERFINE, JOSEPH P MANAGER
Address: 113 TECHNOLOGY DRIVE
City-St-Zip: PITTSBURGH, PA 15275 US

Title: MGR (X) Delete
Name: SALVIA, ROBERT MANAGER
Address: 113 TECHNOLOGY DRIVE
City-St-Zip: PITTSBURGH, PA 15275 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MURPHY, THOMAS C MANAGER
Address: 550 REO STREET, SUITE 201A
City-St-Zip: TAMPA, FL 33609 US

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VINCENT C DELUZIO

MGR

04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date