

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000029586

**Entity Name:** UNITED HEALTH SYSTEMS, INC.

**FILED**  
**Jun 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11860 STATE ROAD 84  
SUITE 12  
DAVIE, FL 33325

**New Principal Place of Business:**

10220 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33324

**Current Mailing Address:**

11860 STATE ROAD 84  
SUITE 12  
DAVIE, FL 33325

**New Mailing Address:**

10220 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33324

**FEI Number:** 65-0998564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGLIN, MITSY  
331 LAKE CREST CT  
WESTON, FL 33326 US

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

ANGLIN, MITSY  
10220 STATE ROAD 84  
5  
DAVIE, 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

06/05/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANGLIN, MITSY  
Address: 10220 STATE ROAD 84 #5  
City-St-Zip: DAVIE, FL 33324

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: MITSY ANGLIN

PRES

06/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date