

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000058444	
1. Entity Name UNITED MEDICAL NETWORK, INC.	

Principal Place of Business 1287 EAST NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH, FL 33442	Mailing Address 1287 EAST NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH, FL 33442
--	--



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016626	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
--

**DO NOT WRITE
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LANGNER, JOSEPH 1287 EAST NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGNER, JOSEPH 1287 EAST NEWPORT CENTER DRIVE SUITE 207 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

~~580054347385~~

~~05/12/05--01087--004 **150.00~~

U00000366312
05/12/05-80008-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Langner 5-11-05 9545749298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #