


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90070 024 ***150.00

DOCUMENT # P02000009798

1. Entity Name
UNIVERSAL MEDICAL DISTRIBUTORS, INC.




Principal Place of Business
1825 PONCE DE LEON BLVD #428 CORAL GABLES, FL 33134

Mailing Address
1825 PONCE DE LEON BLVD #428 CORAL GABLES, FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03172005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0392449

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AUSTIN, DOUGLAS A
1825 PONCE DE LEON BLVD #428
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AUSTIN, CHARLES | |
| STREET ADDRESS | 325 WEST BORD TERRACE | |
| CITY - ST - ZIP | MIRABELL, FL 33012 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CRUZ, BENNY | |
| STREET ADDRESS | 461 NW 51ST AVE | |
| CITY - ST - ZIP | MIRABELL, FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOUGLAS, AUSTIN | |
| STREET ADDRESS | 1825 PONCE DE LEON BLVD | |
| CITY - ST - ZIP | CORAL GABLES, FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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: Douglas Austin **DOUGLAS AUSTIN** 3/17/05 305-491-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #