

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000019575

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** UNITED MEDICAL INDUSTRIES, CORP.

**Current Principal Place of Business:**

8527 NW 66 STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 278883  
HOLLYWOOD, FL 33027

**New Mailing Address:**

PO BOX 278883  
MIRAMAR, FL 33027

**FEI Number:** 32-0002355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPOS YERO, MARLENE  
8527 NW 66 STREET  
MIAMI, FL 33166 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: PD  
Name: YERO, JOSE A  
Address: 8527 NW 66 STREET  
City-St-Zip: MIAMI, FL 33166

Title: VSTD  
Name: CAMPOS YERO, MARLENE  
Address: 8527 NW 66 STREET  
City-St-Zip: MIAMI, FL 33166

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: MARLENE CAMPOS YERO

VPD

04/06/2011

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

\_\_\_\_\_  
Date