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LYNN E. BURNSED, PA

ATTORNEY AT LAW
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Lynn E. Burnsed, PA

ATTORNEY AT LAW

May 7, 2003

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: United Medical Networks, Inc.

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Registered Agent for United Medical Networks, Inc. and a check made payable to the Florida Department of State for the \$35.00 filing fee. All correspondence should be directed to myself at P.O. Box 239, Okahumpka, Florida 34762. For further information concerning this matter please call me at 352-315-9315.

Sincerely,



Lynn Burnsed

Enclosure



Lynn E. Burnsed, MHA, JD

Phone 352/315-9315 — Fax 352/787-7253

5549 Banana Point Drive / Post Office Box 239 / Okahumpka, FL 34762 / Email: lburnsed@mpinet.net

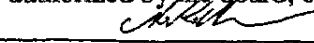
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: United Medical Networks, Inc.
2. The principal office address: 1801 E. Colonial Dr., Ste 220
Orlando, FL 32803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 9, 2003 Document number: P03000040151
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
- W. Bruce Eaker
1801 E. Colonial Dr., Ste 220
Orlando, FL 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
- Rajendra Melaram
1801 E. Colonial Dr., Ste 220
Orlando, FL 32803
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Rajendra Melaram, President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

5-6-03
(Date)

If signing on behalf of an entity:

RAJENDRA MELARAM
(Typed or Printed Name)

PRESIDENT
(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314