

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044515

Entity Name: UNION MEDICAL DEPOT, INC.

FILED  
Feb 14, 2005  
Secretary of State

## Current Principal Place of Business:

6447 MIAMI LAKES DR EAST SUITE 200D  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

6447 MIAMI LAKES DR EAST  
SUITE 200-D  
MIAMI LAKES, FL 33014

## Current Mailing Address:

6447 MIAMI LAKES DR EAST SUITE 200D  
MIAMI LAKES, FL 33014

## New Mailing Address:

6447 MIAMI LAKES DR EAST  
SUITE 200-D  
MIAMI LAKES, FL 33014

FEI Number: 20-0857338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEREZ, PEDRO A  
6447 MIAMI LAKES DR EAST SUITE 200D  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

IGLESIAS, MANUEL E ESQ  
121 ALHAMBRA PLAZA  
10 FLOOR  
CORAL GABLES, FL 33134 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: MANUEL E IGLESIAS

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PEREZ, PEDRO A  
Address: 6447 MIAMI LAKES DR EAST SUITE 200D  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: BONACHEA, MIGUEL  
Address: 6447 MIAMI LAKES DR EAST SUITE 200D  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MIGUEL BONACHEA

DPS

02/14/2005

Electronic Signature of Signing Officer or Director

Date