

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED


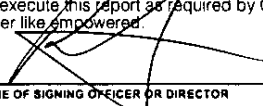
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RM 11-9-07



11062007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000065217			
1. Entity Name UNITED MEDCO, INC.			
Principal Place of Business 3260 NW 23RD AVE SUITE 800 POMPANO BEACH, FL 33069		Mailing Address 3260 NW 23RD AVE SUITE 800 POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box # 4613 N UNIVERSITY DR		3. Mailing Address 4613 N UNIVERSITY DR	
Suite, Apt. #, etc. #586		Suite, Apt. #, etc. #586	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33067	Country USA	Zip 33067	Country USA
4. FEI Number 34-1990942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TOMASETTI, ALAN J 3260 NW 23RD AVE SUITE 800 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name RICHARD LANGNAS Street Address (P.O. Box Number is Not Acceptable) 4613 N UNIVERSITY DR., #586 City CORAL SPRINGS FL Zip Code 33067	
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  (NOTE: Registered Agent signature required when reinstating) DATE 11/07/07			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMASETTI, ALAN J 3260 NW 23RD AVE STE 800 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD LANGNAS 4613 N UNIVERSITY DR., #586 CORAL SPRINGS FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112269401 11/14/07--01014--014 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 11/7/07 Daytime Phone #	