## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068399

Entity Name: U.M.I. BILLING SERVICES, INC.

FILED Jan 04, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6021 WEST ANTHONY ROAD 3260 NW 23RD AVE OCALA, FL 34479

SUITE 800 E

POMPANO BEACH, FL 33069

**Current Mailing Address:** New Mailing Address:

3260 NW 23RD AVE 6021 WEST ANTHONY ROAD OCALA, FL 34479

SUITE 800 E

POMPANO BEACH, FL 33069

FEI Number: 20-2862485 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CLARK, SAMANTHA TOMASETTI, ALAN J 6021 WEST ANTHONY ROAD 3260 NW 23RD AVE

OCALA, FL 34479 SUITE 800 E

POMPANO BEACH, FL 33069 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: ALAN J TOMASETTI 01/04/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: **PVST** ( ) Delete

Name: CLARK, SAMANTHA 6021 WEST ANTHONY ROAD Address:

City-St-Zip: OCALA, FL 34479

Title: () Delete CLARK, SAMANTHA

Name:

6021 WEST ANTHONY ROAD Address: OCALA, FL 34479 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

CLARK, SAMANTHA Name: 6021 WEST ANTHONY ROAD Address:

City-St-Zip: OCALA, FL 34479

Title: (X) Change ( ) Addition

TOMASETTI, ALAN J Name:

Address: 3260 NW 23RD AVE SUITE 800E POMPANO BEACH, FL 33069 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALAN J TOMASETTI **PRES** 01/04/2006