

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVE
AND
FILED

07 NOV -8 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068399	
1. Entity Name U.M.I. BILLING SERVICES, INC.	



Principal Place of Business 3260 NW 23RD AVE SUITE 800 E POMPANO BEACH, FL 33069	Mailing Address 3260 NW 23RD AVE SUITE 800 E POMPANO BEACH, FL 33069
---	---

2. Principal Place of Business - No P.O. Box # 4613 N UNIVERSITY DR Suite, Apt. #, etc. #586	3. Mailing Address 4613 N UNIVERSITY DR Suite, Apt. #, etc. #586
---	---

City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33067	Country USA



11072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TOMASETTI, ALAN J 3260 NW 23RD AVE SUITE 800 E 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., SUITE 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 	DATE 11/14/07

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	VP CLARK, SAMANTHA 6021 WEST ANTHONY ROAD OCALA, FL 34479 <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	P TOMASETTI, ALAN J 3260 NW 23RD AVE SUITE 800E POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 400112269394 11/14/07--01014--013 **61.25
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
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

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 11/14/07