


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 037 ***150.00

DOCUMENT # P05000134575 1. Entity Name UNIMED FINANCIAL GROUP, INC.					
Principal Place of Business 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219			Mailing Address P.O. BOX 37917 JACKSONVILLE, FL 32236		
2. Principal Place of Business - No P.O. Box # 14601 Warhawk Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Suite, Apt. #, etc.		4. FEI Number 13-4310439	
Zip 32221		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, T. W 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219				7. Name and Address of New Registered Agent Name Myers, T. W. Street Address (P.O. Box Number is Not Acceptable) 14601 Warhawk Lane City Jacksonville FL Zip Code 32221	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	DP ROBERTS, M. W <input type="checkbox"/> Delete 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Roberts, M.W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14601 Warhawk Lane Jacksonville, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MYERS, T. W <input type="checkbox"/> Delete 4601-200 BULLS BAY HWY JACKSONVILLE, FL 32219		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Myers, T. W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14601 Warhawk Lane Jacksonville, FL 32221	
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: <i>Matt Roberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-1-2007 904-781-8000 X102 <small>Date Daytime Phone #</small>		

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