

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001481

FILED
Sep 10, 2008
Secretary of State

Entity Name: UNITED MEDICAL SUPPLY, INC.

Current Principal Place of Business:

129 NW 13 ST
STE 32
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

129 NW 13 ST
STE 32
BOCA RATON, FL 33432

New Mailing Address:

6663 BRISTOL LAKE SOUTH
DELRAY BEACH, FL 33446 US

FEI Number: 20-4043729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROL MIELZ
6663 BRISTOL LAKES SOUTH
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

MIELZ, GARY PD
129 NW 13ST
STE 32
BOCA RATON, FL 33432 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: GARY MIELZ

09/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIELZ, GARY
Address: 129 NW 13 ST
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: MIELZ, CAROL
Address: 129 NW 13 ST
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: MIELZ, CHARLES
Address: 129 NW 13 ST
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MIELZ, CAROL
Address: 6663 BRISTOL LAKE SOUTH
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY MIELZ

PD

09/10/2008

Electronic Signature of Signing Officer or Director

Date