

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095763

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: UNITED MEDICAL ENTERPRISES, INC.

## Current Principal Place of Business:

1550 N. FEDERAL HWY #16  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

1315 N. FEDERAL HWY  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

1550 N. FEDERAL HWY #16  
BOYNTON BEACH, FL 33435

## New Mailing Address:

1315 N. FEDERAL HWY  
BOYNTON BEACH, FL 33435

FEI Number: 30-0369971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RENELIEN, JEAN  
1550 N. FEDERAL HWY #16  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

RENELIEN, JEAN  
1315 N. FEDERAL HWY  
BOYNTON BEACH, FL 33435 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: JEAN L. RENELIEN

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RENELIEN, JEAN L  
Address: 1550 N. FEDERAL HWY #16  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP ( ) Delete  
Name: RENELIEN-GRANGER, MARIE  
Address: 1550 N. FEDERAL HWY#16  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete  
Name: MARTIN, ROMAINE  
Address: 1550 N. FEDERAL HWY #7  
City-St-Zip: BOYNTON BEACH, FL 33435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RENELIEN, JEAN L  
Address: 1315 N. FEDERAL HWY  
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: VP (X) Change ( ) Addition  
Name: RENELIEN-GRANGER, MARIE  
Address: 1315 N. FEDERAL HWY  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S (X) Change ( ) Addition  
Name: MARTIN, ROMAINE  
Address: 1315 N. FEDERAL HWY  
City-St-Zip: BOYNTON BEACH, FL 33435

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: ROMAINE L. MARTIN

DR.

03/27/2009

Electronic Signature of Signing Officer or Director

Date