

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055266

FILED
Jan 08, 2009
Secretary of State

Entity Name: UNIVERSAL MEDICAL FINANCE, CORP.

Current Principal Place of Business:

1830 NE 197TH TERR
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1830 NE 197TH TERR
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, ROBERT
21724 LITTLE BEAR WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSON, ROBERT
Address: 21724 LITTLE BEAR WAY
City-St-Zip: BOCA RATON, FL 32428

Title: VS () Delete
Name: JACKSON, EDILA
Address: 1830 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: JACKSON, EDILA
Address: 1830 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S () Change (X) Addition
Name: MAROTTA, GARY
Address: 1830 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: DIR () Change (X) Addition
Name: NELSON, ROBERT
Address: 21724 LITTLE BEAR WAY
City-St-Zip: BOCA RATON, FL 32428

Title: DIR () Change (X) Addition
Name: JACKSON, EDILA
Address: 1830 NE 197TH TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ROBERT NELSON, BY V. PAEZ AS ATTY-IN-FACT

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date