2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P10891

1. Entity Name
UNITED MEDICAL RESOURCES, INC.

FILED
05 FEB 22 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
5151 PFEIFFER RD CINCINNATI, OH 45242	Attn: Rick Elma 5151 PFEIFFER RD CINCINNATI, OH 45242

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
31-1078580
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: Carol Record — Carol Record, Assistant Secretary — 1-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD GLUCKMAN, VICTORIA B 5151 PFEIFFER RD CINCINNATI, OH 45242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700043951697 01/04/05--01043--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HURWITZ, JENNIFER MARIE 8650 GOVERNORS HILL DRIVE CINCINNATI, OH 45249	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700043951697 03/02/05--01056--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS VINCENT, GEORGE H DINSMORE & SHOHL 1900 CHEMEA CTR CINCINNATI, OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~Jack Gluckman~~ ~~231 Albert Sabin Way, M.L. 528~~ ~~Cincinnati OH 45267~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jack Gluckman 231 Albert Sabin Way, M.L. 528 Cincinnati OH 45267 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] — 12/30/04 — 513-619-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #