# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2007**
**Secretary of State**

DOCUMENT# P10891

**Entity Name:** UNITED MEDICAL RESOURCES, INC.

**Current Principal Place of Business:**

5151 PFEIFFER RD
CINCINNATI, OH 45242

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TERESA JULKOWSKI
9900 BREN ROAD E (MN008-T202)
MINNETONKA, MN 55343

**New Mailing Address:**

C/O JODELL E. KRUSE
6300 OLSON MEMORIAL HWY (MN010-E151)
GOLDEN VALLEY, MN 55427

**FEI Number: 31-1078580** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: | GLUCKMAN, VICTORIA B | |
| Address: | 5151 PFEIFFER RD | |
| City-St-Zip: | CINCINNATI, OH 45242 | |
| Title: | AS | ( ) Delete |
| Name: | LUIS, JUANITA B | |
| Address: | 9900 BREN ROAD E | |
| City-St-Zip: | MINNETONKA, MN 55343 | |
| Title: | S | ( ) Delete |
| Name: | MCDONNELL, MICHAEL J | |
| Address: | 5901 LINCOLN DR | |
| City-St-Zip: | EDINA, MN 55436 | |
| Title: | TREA | ( ) Delete |
| Name: | OBERRENDER, ROBERT W | |
| Address: | 9900 BREN ROAD EAST | |
| City-St-Zip: | MINNETONKA, MN 55343 | |
| Title: | DIR | ( ) Delete |
| Name: | WICHMANN, DAVID S | |
| Address: | 5901 LINCOLN DR. | |
| City-St-Zip: | EDINA, MN 55436 | |
| Title: | DIR | ( ) Delete |
| Name: | SHEEHY, ROBERT J | |
| Address: | 5901 LINCOLN DR. | |
| City-St-Zip: | EDINA, MN 55436 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | S | (X) Change ( ) Addition |
| Name: | BURKE, FORREST G | |
| Address: | 5901 LINCOLN DR | |
| City-St-Zip: | EDINA, MN 55436 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | DIR | (X) Change ( ) Addition |
| Name: | GLUCKMAN, VICTORIA B | |
| Address: | 5151 PFEIFFER ROAD | |
| City-St-Zip: | CINCINNATI, OH 45242 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANITA B LUIS AS 01/09/2007

Electronic Signature of Signing Officer or Director — Date