

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90123 010 ***150.00

DOCUMENT # P10891

1. Entity Name
UNITED MEDICAL RESOURCES, INC.



Principal Place of Business
5151 PFEIFFER RD
CINCINNATI OH 45242

Mailing Address
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **GLUCKMAN, VICTORIA B**
STREET ADDRESS **5151 PFEIFFER RD**
CITY-ST-ZIP **CINCINNATI OH 45242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HURWITZ, JENNIFER MARIE**
STREET ADDRESS **8650 GOVERNORS HILL DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45249**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **VINCENT, GEORGE H**
STREET ADDRESS **DINSMORE & SHOHL 1900 CHEMEA CTR**
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03
Date

513-619-3336
Daytime Phone #

CR2E034 (10/02)

Attachment 90037691
P10891

REQUEST FOR CHECK

Date 2/5 2003
19

Payable To <u>Florida Department of State</u>		
Address <u>(F/Secy)</u>		
City _____	State _____	Zip Code _____
Amount \$ <u>150 -</u>		Charge To Account No. <u>701-00</u>
Or Charge To _____		
For <u>Uniform Business Report</u>		
<u>please it cl to Dm by 2/11/03</u>		
REQUESTED BY <u>Dm</u>	APPROVED BY <u>FEB 05 2003</u>	CHECK ISSUED BY _____ CHECK NO. _____

RECEIVED

FEB 05 2003

ACCOUNTS PAYABLE

REQUEST FOR CHECK

Date 2/5 2003
19

Payable To <u>Florida Department of State</u>		
Address _____		
City _____	State _____	Zip Code _____
Amount \$ <u>150 -</u>		Charge To Account No. <u>701-00</u>
Or Charge To _____		
For <u>Uniform Business Report</u>		
<u>please it cl to Dm by 2/11/03</u>		
REQUESTED BY <u>Dm</u>	APPROVED BY _____ <u>FEB 05 2003</u>	CHECK ISSUED BY _____ CHECK NO. _____