

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057655

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL CONSULTING, INC.

**Current Principal Place of Business:**

505 W. 47TH ST  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 W. 47TH ST.  
MIAMI, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0446619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POMPER, MARK E  
505 W. 47TH ST.  
MIAMI, FL 33140 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUZAN POMPER  
Address: 505 WEST 47TH ST.  
City-St-Zip: MIAMI, FL 33140

Title: DST  
Name: MARK POMPER  
Address: 505 WEST 47TH ST.  
City-St-Zip: MIAMI, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: MARK POMPER

DST

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date