2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P93000068094

Entity Name: UNITED MEDICAL TECHNOLOGIES CORPORATION

Current Principal Place of Business:

8192 COLLEGE PKWY
STE 31
FORT MYERS, FL 33919 US

New Principal Place of Business:

2196 ANDREA LANE
FORT MYERS, FL 33912 US

Current Mailing Address:

8192 COLLEGE PKWY
STE 31
FORT MYERS, FL 33919 US

New Mailing Address:

2196 ANDREA LANE
FORT MYERS, FL 33912

FEI Number: 65-0460115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREIRA, JOAO V
8192 COLLEGE PKWY.
STE 31
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PEREIRA, JOAO V
2196 ANDREA LANE
FORT MYERS, FL 33912 US

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: JOAO V. PEREIRA 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEREIRA, JOAO V
Address: 8192 COLLEGE PKWY STE 31
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PEREIRA, JOAO V
Address: 2196 ANDREA LANE
City-St-Zip: FORT MYERS, FL 33912 US

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: JOAO V. PEREIRA DIR. 01/08/2008
Electronic Signature of Signing Officer or Director Date