

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033423

FILED
Apr 23, 2008
Secretary of State

Entity Name: UNIVERSAL BIO-MEDICAL ENTERPRISES, INC.

Current Principal Place of Business:

9102 N. MERIDIAN STREET
SUITE 250
INDIANAPOLIS, IN 46260

New Principal Place of Business:

Current Mailing Address:

9102 N. MERIDIAN STREET
SUITE 250
INDIANAPOLIS, IN 46260

New Mailing Address:

FEI Number: 65-0756378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AFIF, GEORGES
350 SOUTH COUNTY ROAD
SUITE 102
PALM BEACH, FL 33480 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: DP () Delete
Name: AFIF, GEORGES
Address: 350 SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: DC () Delete
Name: HUNTER, MACK
Address: 9102 N. MERIDIAN STREET, SUITE 250
City-St-Zip: INDIANAPOLIS, IN 46260

Title: DS () Delete
Name: OATESS, DONALD
Address: 9102 N. MERIDIAN STREET, SUITE 250
City-St-Zip: INDIANAPOLIS, IN 46260

Title: DT () Delete
Name: OATESS, TIMOTHY
Address: 9102 N. MERIDIAN STREET, SUITE 250
City-St-Zip: INDIANAPOLIS, IN 46260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD OATESS

DS

04/23/2008

Electronic Signature of Signing Officer or Director

Date