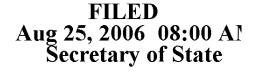
## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P98000031857 UNITED HOSPITAL TECHNOLOGIES INC. Principal Place of Business Mailing Address 12790 NW LE JEUNE RD OPA LOCKA, FL 33054 12790 NW LE JEUNE RD OPA LOCKA, FL 33054 110





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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 to	ed Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Fina Trust Fund Contribution				.00 May Be ded to Fees	In accordance v corporation did	vith s. 607.1 not receive	93(2)(b), F.S., the the prior notice.
10.	OFFICERS AND DIR	ECTORS					
TITLE	PSD				aranini	#Hith.tr	
NAME	BTESH, SALOMON						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 their eceiver 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 attack ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #