


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90062 014 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # G04036</b>  |  |   |  |                                      |  |
| 1. Entity Name<br><b>UNITED MEDICAL CORPORATION OF TAMPA</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>603 MAIN STREET<br/>P.O. BOX 1100<br/>WINDERMERE, FL 34786-1100 US</b>  |  | Mailing Address<br><b>603 MAIN STREET<br/>P.O. BOX 1100<br/>WINDERMERE, FL 34786-1100 US</b>                        |  |   |  |
| 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<br><b>59-2237135</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |   |  | 01172005    Chg-P    CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><b>BARKMAN, KEVIN<br/>603 MAIN STREET<br/>WINDERMERE, FL 34786</b>   |  |   | 7. Name and Address of New Registered Agent  |   |  |
| Name  |  |   | Name   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVC<br>ENGLISH, JAMES E<br>603 MAIN STREET<br>WINDERMERE, FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DCAS<br>DIZNEY, DONALD R<br>603 MAIN STREET<br>WINDERMERE, FL 34786 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Donald R. Dizney<br>603 Main Street, Windermere, FL 34786     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VS<br>BARKMAN, KEVIN<br>603 MAIN STREET<br>WINDERMERE, FL <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Executive VP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Kevin Barkman<br>603 Main Street<br>Windermere, FL 34786 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>DELEHUNT, JANINE S.<br>603 MAIN STREET<br>WINDERMERE, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>DIZNEY, DAVID A<br>603 MAIN ST<br>WINDERMERE, FL 34786 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Dir., President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>David A. Dizney<br>603 Main Street, Windermere, FL 34786    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>FEHR, STEPHEN<br>603 MAIN ST.<br>WINDERMERE, FL <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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: <u>Kevin Barkman</u>   |  | 1/26/05   | 407-876-2200   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date  | Daytime Phone #  |   |  |