2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90009 036 ***150.00

DOCUMENT # G04036 1. Entity Name UNITED MEDICAL CORPORATION OF TAMPA					02-08-2006	90009 036	130.00
Principal Place of Business 603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 US		Mailing Address 603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 US			- 	1 816% 818% \$1811 £1811 £1811	1 DINISE II 1881
2. Principal Place of Business		3. Mailing Address					
603 Main Street P. Suite, Apt. #, etc. Su		P.O. Box 1100 Suite, Apt. #, etc.	P. O. BOX 1100 Suite, Apt. #, etc.		<u> </u>		
				01242006	Chg-P	CR2E034 (11/	J5)
Çity & Stat Winder	mere, FL	City & State Windermere, F	L	4. FEI Numb 59-223		-	Applied For Not Applicable
Zip 34786	Country	Zip 34786-1100	Country		of Status Desired	\$8.75	Additional
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New R		
BADKMAN	J KEVIN		Name				
BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786			Street Ad	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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signatu	re required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	Financing	\$5.00 May Be Added to Fees		DATE	
After M.	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND I	9. Election Campaign Trust Fund Contribu	Financing ution.	\$5.00 May Be Added to Fees	CHANGES TO OFF	DATE	
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14. I nereby 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 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:

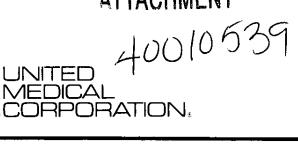
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/05

407.876.2200

Daytime Phone #

ATTACHMENT



February 6, 2006

Attn: Annual Reports Florida Department of State **Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

VIA U.S. MAIL

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the United Medical Corporation of Tampa (G04036) 2006 Annual Report.

Please call if you have any questions.

Sincerely,

le n. Emme

Executive Assistant to Kevin Barkman

KB/ne Enclosure