


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 | | | |
| 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 | |
| 2. Principal Place of Business 603 Main Street Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 1100 Suite, Apt. #, etc. | |
| City & State Windermere, FL | | City & State Windermere, FL | |
| Zip 34786 | | Country | |
| Zip 34786-1100 | | Country | |
| 6. Name and Address of Current Registered Agent BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786 | | 7. Name and Address of New Registered Agent Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVC ENGLISH, JAMES E 603 MAIN STREET WINDERMERE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC DIZNEY, DONALD R 603 MAIN STREET WINDERMERE, FL 34786 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCE DIZNEY, DAVID A 603 MAIN ST WINDERMERE, FL 34786 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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: <i>Kevin Barkman</i> | | 2/6/05 407.876.2200 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

ATTACHMENT

40010539

UNITED
MEDICAL
CORPORATION.

February 6, 2006

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

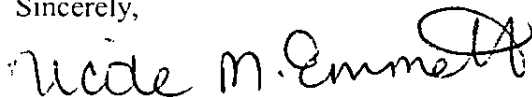
VIA U.S. MAIL

To Whom It May Concern:

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

Please call if you have any questions.

Sincerely,



Nicole M. Emmett

Executive Assistant to Kevin Barkman

KB/nc
Enclosure