

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 010 ***150.00

DOCUMENT # L96840

1. Entity Name
UNITED MEDICAL CORPORATION



Principal Place of Business
**603 MAIN STREET
P.O. BOX 1100
WINDEMERE, FL 34786-1100 US**

Mailing Address
**603 MAIN STREET
P.O. BOX 1100
WINDEMERE, FL 34786-1100 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3052722

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKMAN, KEVIN
603 MAIN STREET
WINDEMERE, FL 34786**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME	DCAS DIZNEY, DONALD R.	<input type="checkbox"/> Delete
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL	
TITLE NAME	PD ENGLISH, JAMES E	<input type="checkbox"/> Delete
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL	
TITLE NAME	VS BARKMAN, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL	
TITLE NAME	T DELEHUNT, JANINE S.	<input type="checkbox"/> Delete
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL	
TITLE NAME	V DIZNEY, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	603 MAIN ST	
CITY - ST - ZIP	WINDERMERE, FL	
TITLE NAME	VP CUNNIFF, GREGORY R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL 34786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V NASON, WALT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL 34786	
TITLE NAME	VP FEHR, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	603 MAIN STREET	
CITY - ST - ZIP	WINDERMERE, FL 34786	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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: *Kevin Barkman* Kevin Barkman 4/15/04 (407)876-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #