


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90028 008 ***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
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20012118



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3052722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKMAN, KEVIN 603 MAIN STREET WINDEMERE, FL 34786	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCAS DIZNEY, DONALD R. 603 MAIN STREET WINDERMERE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald R. Dizney 603 Main Street, Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLISH, JAMES E 603 MAIN STREET WINDERMERE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Dir., CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James E. English 603 Main Street Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP; Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kevin Barkman 603 Main Street, Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELEHUNT, JANINE S. 603 MAIN STREET WINDERMERE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Executive VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A. Dizney 603 Main Street, Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIZNEY, DAVID 603 MAIN ST WINDERMERE, FL <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	V NASON, WALT 603 MAIN STREET WINDERMERE, FL 34786 <input checked="" 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 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 **1/26/05 407-876-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #