

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90108 003 ***150.00

60021624



01242006 Chg-P CR2E034 (11/05)

DOCUMENT # L96840			
1. Entity Name UNITED MEDICAL CORPORATION			
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		3. Mailing Address PO BOX 1100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINDERMERE, FL		City & State WINDERMERE, FL	
Zip 34786	Country	Zip 34786-1100	Country
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 WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name BARKMAN, KEVIN Street Address (P.O. Box Number is Not Acceptable) 603 MAIN STREET City WINDERMERE FL Zip Code 34786	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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 DC	NAME DIZNEY, DONALD R.	TITLE DCAS	NAME DCAS
STREET ADDRESS 603 MAIN STREET	CITY-ST-ZIP WINDERMERE, FL 34786	STREET ADDRESS	CITY-ST-ZIP
TITLE PDCE	NAME ENGLISH, JAMES E	TITLE DPCEO	NAME DPCEO
STREET ADDRESS 603 MAIN STREET	CITY-ST-ZIP WINDERMERE, FL 34786	STREET ADDRESS	CITY-ST-ZIP
TITLE EVPS	NAME BARKMAN, KEVIN	TITLE	NAME
STREET ADDRESS 603 MAIN STREET	CITY-ST-ZIP WINDERMERE, FL 34786	STREET ADDRESS	CITY-ST-ZIP
TITLE DEVP	NAME DIZNEY, DAVID A	TITLE	NAME
STREET ADDRESS 603 MAIN STREET	CITY-ST-ZIP WINDERMERE, FL 34786	STREET ADDRESS	CITY-ST-ZIP
TITLE V	NAME DIZNEY, DAVID	TITLE	NAME
STREET ADDRESS 603 MAIN ST	CITY-ST-ZIP WINDERMERE, FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: 		Date: 2-23-06 Daytime Phone #: 407-876-2100	

ATTACHMENT
L 96840 / 60021624

UNITED
MEDICAL
CORPORATION.

February 23, 2006

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

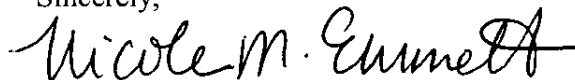
VIA U.S. MAIL

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the United Medical Corporation (L96840) 2006 Annual Report.

Please call if you have any questions.

Sincerely,



Nicole M. Emmett
Executive Assistant to Kevin Barkman

KB/ne
Enclosure