


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90026 037 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # L96840 1. Entity Name UNITED MEDICAL CORPORATION | | | |  | |
| Principal Place of Business 603 MAIN ST WINDEMERE, FL 34786-1100 US | | | | Mailing Address P.O. BOX 1100 WINDEMERE, FL 34786-1100 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3052722 | |
| Zip | | Country | | 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 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | DCAS <input type="checkbox"/> Delete NAME DIZNEY, DONALD R. STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | DPVC <input type="checkbox"/> Delete NAME ENGLISH, JAMES E STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | EVPS <input type="checkbox"/> Delete NAME BARKMAN, KEVIN STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | DEVP DP/CEO <input type="checkbox"/> Delete NAME DIZNEY, DAVID A STREET ADDRESS 603 MAIN STREET CITY-ST-ZIP WINDERMERE, FL 34786 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: <i>Kevin Barkman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3/25/08 (407) 876-2200 Date Daytime Phone # | | |