

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96840

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** UNITED MEDICAL CORPORATION

**Current Principal Place of Business:**

603 MAIN ST  
WINDEMERE, FL 347861100 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 MAIN STREET  
WINDEMERE, FL 347861100 US

**New Mailing Address:**

**FEI Number:** 59-3052722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKMAN, KEVIN  
603 MAIN STREET  
WINDEMERE, FL 34786 US

**Name and Address of New Registered Agent:**

BARKMAN, KEVIN  
603 MAIN STREET  
WINDERMERE, FL 34786 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/02/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DCAS  
Name: DIZNEY, DONALD R  
Address: 603 MAIN STREET  
City-St-Zip: WINDERMERE, FL 34786

Title: PCEO  
Name: DIZNEY, DAVID A  
Address: 603 MAIN STREET  
City-St-Zip: WINDERMERE, FL 34786

Title: EVPS  
Name: BARKMAN, KEVIN  
Address: 603 MAIN STREET  
City-St-Zip: WINDERMERE, FL 34786

Title: VPF  
Name: CORDDRY, DAVID  
Address: 603 MAIN STREET  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN BARKMAN

EVPS

03/02/2011

Electronic Signature of Signing Officer or Director

Date