

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90108 009 ***150.00

DOCUMENT # P01000038878

1. Entity Name
TEN BROECK HOSPITALS, INC.



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

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

60021618



2. Principal Place of Business
603 Main Street

3. Mailing Address
P.O. Box 1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State
Windermere, FL

City & State
Windermere, FL

4. FEI Number
59-3710493

Applied For
Not Applicable

Zip
34786

Country

Zip
34786-1100

Country

5. Certificate of Status Desired ☐ **\$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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE ~~DC~~ ☐ Delete
NAME **DIZNEY, DONALD R**
STREET ADDRESS **603 MAIN STREET**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **DVC** ☐ Delete
NAME **ENGLISH, JAMES E**
STREET ADDRESS **603 MAIN STREET**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ~~DP~~ ☐ Delete
NAME **DIZNEY, DAVID A**
STREET ADDRESS **603 MAIN STREET**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ~~VS~~ ☐ Delete
NAME **BARKMAN, KEVIN**
STREET ADDRESS **603 MAIN STREET**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCAS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPCEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06 407.876.2200

ATTACHMENT
60021618
P01000038878

UNITED
MEDICAL
CORPORATION.

February 24, 2006

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

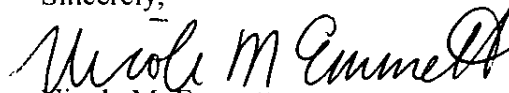
VIA U.S. MAIL

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the Ten Broeck Hospitals, Inc. (P01000038878) 2006 Annual Report.

Please call if you have any questions.

Sincerely,



Nicole M. Emmett

Executive Assistant to Kevin Barkman

KB/ne
Enclosure