

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90108 004 ***150.00

60021623



01242006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000000813 1. Entity Name SOUTHEAST MEDICAL HOLDINGS, INC.					
Principal Place of Business 603 MAIN ST WINDERMERE, FL 34786			Mailing Address 603 MAIN ST WINDERMERE, FL 34786		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1100 Suite, Apt. #, etc.			
City & State Zip Country		City & State Windermere, FL Zip Country 34786-1100		4. FEI Number 58-2682752 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 ST 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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		DATE _____	
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 34786 <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	DC DIZNEY, DONALD R 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786 <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	DPCE DIZNEY, DAVID A 603 MAIN STREET WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC English, James E. 603 Main Street Windermere, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: <u><i>Kevin Barkman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> <u>2/24/06</u> <u>407822200</u> <small>Date Daytime Phone #</small> </div>					

ATTACHMENT
P04000000813/60021623

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 Southeast Medical Holdings, Inc. (P04000000813) 2006 Annual Report.

Please call if you have any questions.

Sincerely,



Nicole M. Emmett
Executive Assistant to Kevin Barkman

KB/ne
Enclosure