2006 FOR PROFIT CORPORATION

Mar 03, 2006 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # P04000047190** 03-03-2006 90102 036 ***150.00 UMC / OCALA, INC. 40023289 Principal Place of Business Mailing Address **603 MAIN STREET 603 MAIN STREET** WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business 3. Mailing Address P.O. Box 1100 Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 26-0081532 Not Applicable Windermere, Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34786=1100 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARKMAN, KEVIN Street Address (P.O. Box Number is Not Acceptable) **603 MAIN STREET** WINDERMERE, FL 34786 Zip Code City FL 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DCAS TITLE ☐ Delete XX Change ■ Addition TITLE NAME DIZNEY, DONALD R NAME 603 MAION STREET 603 Main Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP VCD. TITLE DVC ☐ Delete TITLE XX Change ☐ Addition ENGLISH, JAMES E NAME NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS CITY-ST-73P WINDERMERE, FL 34786 CITY-ST-ZIP PGD- DPCEO TITLE TITI F XX Change ☐ Delete ■ Addition NAME DIZNEY, DAVID A NAME STREET ADDRESS 603 MAIN STREET STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE **EVPS** Delete TITLE ☐ Change ☐ Addition BARKMAN, KEVIN NAME NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME

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.

CITY+ST-7IP

STREET ADDRESS

Frim Barbanan SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

HOU23289 UNITED MEDICAL CORPORATION:

February 28, 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 UMC / Ocala, Inc. (P04000047190) 2006 Annual Report.

Please call if you have any questions.

Sincerely, McOle M. Emme H

Nicole M. Emmett

Executive Assistant to Kevin Barkman

KB/ne Enclosure