

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90168 029 \*\*\*150.00

40026345



<b>DOCUMENT # P05000111967</b> 1. Entity Name <b>TEN BROECK ORLANDO, INC.</b>					
Principal Place of Business <b>603 MAIN STREET WINDERMERE, FL 34786</b>			Mailing Address <b>603 MAIN STREET WINDERMERE, FL 34786</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1100</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Windermere, FL</b>		4. FEI Number <b>20-3398344</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip <b>34786-1100</b>		Country	
6. Name and Address of Current Registered Agent  <b>BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				City <b>FL</b> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>C</b> <input type="checkbox"/> Delete NAME <b>DIZNEY, DONALD R</b> STREET ADDRESS <b>603 MAIN STREET</b> CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>			TITLE <b>DCAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VC</b> <input type="checkbox"/> Delete NAME <b>ENGLISH, JAMES E</b> STREET ADDRESS <b>603 MAIN STREET</b> CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>			TITLE <b>DVC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>DIZNEY, DAVID A</b> STREET ADDRESS <b>603 MAIN STREET</b> CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>			TITLE <b>DPCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>EVP</b> <input type="checkbox"/> Delete NAME <b>BARKMAN, KEVIN</b> STREET ADDRESS <b>603 MAIN STREET</b> CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>			TITLE <b>EVPS</b> <input checked="" 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 empowerment.					
<b>SIGNATURE:</b> <u><i>Kevin Barkman</i></u> <span style="float: right;">3/6/06 407.876.2200</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

UNITED  
MEDICAL  
CORPORATION.

ATTACHMENT

40026345

March 6, 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  
Orlando, Inc. (P05000111967) 2006 Annual Report.

Please call if you have any questions.

Sincerely,



Nicole M. Emmett

Executive Assistant to Kevin Barkman

KB/ne  
Enclosure