

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134575

Entity Name: UNIMED FINANCIAL GROUP, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

4601-200 BULLS BAY HWY
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37917
JACKSONVILLE, FL 32269

New Mailing Address:

P.O. BOX 37917
JACKSONVILLE, FL 32236

FEI Number: 13-4310439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, T. W
4601-200 BULLS BAY HWY
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROBERTS, M. W
Address: 4601-200 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV () Delete
Name: MYERS, T. W
Address: 4601-200 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: T. W. MYERS

D,V

04/27/2006

Electronic Signature of Signing Officer or Director

Date