

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000127224

**Entity Name:** UNITED AC MEDICAL CENTER, INC.

**FILED**  
**Nov 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

502 W. LANTANA ROAD  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 111177  
NAPLES, FL 34108

**New Mailing Address:**

502 W. LANTANA ROAD  
LANTANA, FL 33462

**FEI Number:** 20-3911248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRALUCK, DEAN E P  
100 NURSERY LANE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

NEOLSAINT, JULIEN D PRS  
502 W. LANTANA RD  
LANTANA, FL 33462 US

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: JULIEN NEOLSAINT

11/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: DRALUCK, DEAN E  
Address: 502 W LANTANA RD  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: NEOLSAINT, JULIEN  
Address: 502 W LANTANA RD  
City-St-Zip: LANTANA, FL 33462

Title: D,VP ( ) Change (X) Addition  
Name: CHARMENT, WILNER  
Address: 4865 N.W. 6TH ST  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify 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: JULIEN NEOLSAINT

PSEC

11/19/2009

Electronic Signature of Signing Officer or Director

Date