

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000127224

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

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

502 W. LANTANA ROAD  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**  
502 W. LANTANA ROAD  
LANTANA, FL 33462

**New Mailing Address:**

FEI Number: 20-3911248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NOEL SAINT, JULIEN D S,T,D  
502 W. LANTANA RD  
LANTANA, FL 33462    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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: DIBLASE, FRANK  
Address: 502 W LANTANA RD  
City-St-Zip: LANTANA, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: FRANK DIPLASE

Electronic Signature of Signing Officer or Director

DPST

02/10/2010

Date