

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90108 008 \*\*\*150.00

<b>DOCUMENT # V67576</b> 1. Entity Name <b>UMC TEN BROECK, INC.</b>					
Principal Place of Business <b>603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 US</b>			Mailing Address <b>603 MAIN STREET P.O. BOX 1100 WINDERMERE, FL 34786-1100 US</b>		
2. Principal Place of Business <b>603 Main Street</b>		3. Mailing Address <b>P.O. Box 1100</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Windermere, FL</b>		City & State <b>Windermere, FL</b>		4. FEI Number <b>59-3167789</b>	
Zip <b>34786</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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 NAME STREET ADDRESS CITY-ST-ZIP	DCAS DIZNEY, DONALD R. 603 MAIN ST WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DP</del> <del>DAVID A DIZNEY</del> 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOE DIZNEY, DONALD A 603 MAIN ST WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DIZNEY, DONALD A 603 MAIN ST WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ENGLISH, JAMES E 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCEO Dizney, David A.				
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.					
SIGNATURE: <u><i>Kevin Barkman</i></u> <span style="float: right;">2/24/06 407836</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

# V67576 / 60021619

UNITED  
MEDICAL  
CORPORATION.

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February 24, 2006

Attn: Annual Reports  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

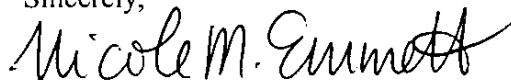
**VIA U.S. MAIL**

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the UMC Ten Broeck, Inc. (V67576) 2006 Annual Report.

Please call if you have any questions.

Sincerely,



Nicole M. Emmett  
Executive Assistant to Kevin Barkman

KB/ne  
Enclosure