

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26038

**FILED**  
**Apr 30, 2008**  
**Secretary of State****Entity Name:** UNIVERSITY PHYSICIANS PAVILION ASSOCIATION, INC.**Current Principal Place of Business:**ONE PARK PLAZA  
NASHVILLE, TN 37203 US**New Principal Place of Business:****Current Mailing Address:**LEGAL DEPARTMENT  
P O BOX 750  
NASHVILLE, TN 37202 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HUGHES, DAVID L COO  
7201 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 US**Name and Address of New Registered Agent:**SLAUGHTER, NICOLE P CFO  
7201 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 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: NICOLE P. SLAUGHTER, CFO

04/30/2008

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Electronic Signature of Registered Agent

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Date**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: JOSEPH, MICHAEL G CEO  
Address: 7201 N UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321Title: D (X) Delete  
Name: HUGHES, DAVID L COO  
Address: 7201 N UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: SLAUGHTER, NICOLE P CFO  
Address: 7201 N UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE P. SLAUGHTER, CFO

D

04/30/2008

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Electronic Signature of Signing Officer or Director

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Date