

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26038

FILED  
Mar 30, 2011  
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:**

GONZALEZ, AURELIO CFO  
7201 N UNIVERSITY DRIVE  
TAMARAC, FL 33321 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: P  
Name: GONZALEZ, AURELIO CFO  
Address: 7201 N UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321

Title: VP  
Name: WERNER, BARRY M.D.  
Address: 7421 NORTH UNIVERSITY DRIVE, SUITE 305  
City-St-Zip: TAMARAC, FL 33321 US

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

SIGNATURE: MIGUEL E. PONS

PM

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date