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.

Electronic Signature of Signing Officer/Director Detail

# 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P1000060665

#### Entity Name: UNIVERSITY HEALTH CARE HOMESTEAD, INC.

#### **Current Principal Place of Business:**

957 N KROME AVENUE HOMESTEAD. FL 33030

#### **Current Mailing Address:**

8210 NW 27 ST **STE 205** DORAL, FL 33122 US

## FEI Number: 27-3121434

### Name and Address of Current Registered Agent:

QUEVEDO, MARGARITA H 8210 NW 27 ST STE 205 DORAL, FL 33122 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:

Electropic Signature of Pagistarod Agent

#### Officer/D

Title	P	Title	VP
Name	QUEVEDO, MARGARITA H	Name	QUEVEDO, MICHAEL
Address	8210 NW 27 ST STE 205		8210 NW 27 ST STE 205
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122

	Electronic Signature of Registered Agent			
irector Detail :				
	Р	Title	VP	
	QUEVEDO, MARGARITA H	Name	QUEVEDO, MICHAEL	
	8210 NW 27 ST	Address	8210 NW 27 ST	

PRESIDENT

04/28/2022

Date

FILED Apr 28, 2022 Secretary of State 1416419976CC

Certificate of Status Desired: No

Date