# 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.

MGR

#### SIGNATURE: MARGARITA QUEVEDO

Electronic Signature of Signing Officer/Director Detail

### 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P10000060665

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

#### Current Principal Place of Business:

6000 SW 74TH ST 3RD FLOOR SOUTH MIAMI, FL 33143

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

6000 SW 74TH ST 3RD FLOOR SOUTH MIAMI, FL 33143 US

#### FEI Number: 27-3121434

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

QUEVEDO, MARGARITA H 6000 SW 74TH ST 3RD FLOOR SOUTH MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Ρ	Title	VP	
Name	QUEVEDO, MARGARITA H	Name	QUEVEDO, MICHAEL	
Address	6000 SW 74TH ST 3RD FLOOR	Address	6000 SW 74TH ST 3RD FLOOR	
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143	

ng its registered offic	e or registered agent, or b	ooth, in the State of Florida.
Title	VP	

04/28/2023

Date

FILED Apr 28, 2023 Secretary of State 5790702252CC

Certificate of Status Desired: No

Date