

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060665

**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

**Certificate of Status Desired:** No

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

*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.*

**SIGNATURE:** MARGARITA QUEVEDO

**PRESIDENT**

**01/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date