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.

PRESIDENT

SIGNATURE: MARGARITA QUEVEDO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P10000073130

Entity Name: UNIVERSITY HEALTH CARE HIALEAH INC

Current Principal Place of Business:

1700 WEST 68TH STREET HIALEAH, FL 33014

Current Mailing Address:

8600 NW 17 STREET SUITE 160 DORAL, FL 33126

FEI Number: 27-3412671

Name and Address of Current Registered Agent:

QUEVEDO, MARGARITA H 8600 NW 17 STREET STE 160 DORAL, FL 33126 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	8600 NW 17 ST SUITE 160	Address	8600 NW 17 ST STE 160
City-State-Zip:	DORAL FL 33126	City-State-Zip:	DORAL FL 33126

Apr 23, 2014 Secretary of State CC0990754573

Date

FILED

Certificate of Status Desired: No

04/23/2014

Date