

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name QUEVEDO, MARGARITA H  
Address 8600 NW 17 ST SUITE 160  
City-State-Zip: DORAL FL 33126

Title VP  
Name QUEVEDO, MICHAEL  
Address 8600 NW 17 ST STE 160  
City-State-Zip: DORAL FL 33126

*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**

**04/19/2013**

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

\_\_\_\_\_  
Date