

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000027953

**Entity Name:** UNIVERSAL AMERICAN MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

4521 EDGEWATER DRIVE  
4  
ORLANDO, FL 32804

**Current Mailing Address:**

4521 EDGEWATER DRIVE  
4  
ORLANDO, FL 32804 UN

**FEI Number:** 83-4670310

**Certificate of Status Desired:** No

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

PITEO, ALEX T  
4521 EDGEWATER DRIVE  
4  
ORLANDO, FL 32804 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 PITEO, ALEX  
Address 4521 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name WEITMAN, BRADLEY U  
Address 4521 EDGEWATER DRIVE  
City-State-Zip: ORLANDO FL 32804

Title MGR  
Name BATISTA, DANIEL J  
Address 4521 EDGEWATER DRIVE  
City-State-Zip: ORLANDO 32 32804

*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:** ALEXANDER PITEO

**PRESIDENT**

**07/10/2020**

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

\_\_\_\_\_  
Date