

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108749

**Entity Name:** UNIVERSAL MEDICAL CENTER PLLC

**Current Principal Place of Business:**

3800 SOUTH OCEAN DRIVE  
G-3  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

17885 COLLINS AVENUE  
1702  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 27-1288237

**Certificate of Status Desired:** Yes

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

ANTHONY S ADELSON PA  
501 GOLDEN ISLES DRIVE  
203  
HALLANDALE, FL 33009 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

**Authorized Person(s) Detail :**

Title MGRM  
Name LEVIN, ALEXANDER  
Address 17885 COLLINS AVENUE #1702  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXANDER LEVIN

MGRM

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date