2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003
Secretary of State

DOCUMENT# 557941

Entity Name: UNIVERSITY PARK CONVALESCENT CENTER, INC.

Current Principal Place of Business:

300 ESPLANADE DRIVE
#1860
OXNARD, CA 93030

New Principal Place of Business:

22917 PACIFIC COAST HWY #350
MALIBU, CA 90265

Current Mailing Address:

300 ESPLANADE DRIVE
#1860
OXNARD, CA 93030

New Mailing Address:

22917 PACIFIC COAST HWY #350
MALIBU, CA 90265

FEI Number: 59-1871973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCED ( ) Delete
Name: DIMITRIADIS, ANDRE C
Address: 300 ESPLANDE DRIVE, SUITE 1860
City-St-Zip: OXNARD, CA 93030

Title: D ( ) Delete
Name: SIMPSON, WENDY L
Address: 300 ESPLANDE DRIVE, SUITE 1860
City-St-Zip: OXNARD, CA 93030

Title: DEIO ( ) Delete
Name: ISHIKAWA, CHRISTOPHER T
Address: 300 ESPLANDE DRIVE, SUITE 1860
City-St-Zip: OXNARD, CA 93030

Title: CFO (X) Delete
Name: SIMPSON, WENDY
Address: 300 ESPLANADE DRIVE SUITE 1860
City-St-Zip: OXNARD, CA 93030

Title: EVCS ( ) Delete
Name: KOPTA, JULIA
Address: 300 ESPLANADE DRIVE SUITE 1860
City-St-Zip: OXNARD, CA 93030

Title: SVPT ( ) Delete
Name: CHAVEZ, ALEX
Address: 300 ESPLANADE DRIVE, STE 1860
City-St-Zip: OXNARD, CA 93030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCED (X) Change ( ) Addition
Name: DIMITRIADIS, ANDRE C
Address: 22917 PACIFIC COAST HWY #350
City-St-Zip: MALIBU, CA 90265

Title: DCFO (X) Change ( ) Addition
Name: SIMPSON, WENDY L
Address: 22917 PACIFIC COAST HWY #350
City-St-Zip: MALIBU, CA 90265

Title: DCIO (X) Change ( ) Addition
Name: ISHIKAWA, CHRISTOPHER T
Address: 22917 PACIFIC COAST HWY #350
City-St-Zip: MALIBU, CA 90265

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVPS (X) Change ( ) Addition
Name: KOPTA, JULIA
Address: 22917 PACIFIC COAST HWY #350
City-St-Zip: MALIBU, CA 90265

Title: SVPT (X) Change ( ) Addition
Name: CHAVEZ, ALEX
Address: 22917 PACIFIC COAST HWY #350
City-St-Zip: MALIBU, CA 90265

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIA KOPTA EVPS 04/01/2003

Electronic Signature of Signing Officer or Director Date