2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003664

Entity Name: UNIVERSAL HEALTH CARE GROUP, INC.

FILED Jan 06, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 CENTRAL AVE SUITE 200

ST PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

100 CENTRAL AVE SUITE 200 ST PETERSBURG, FL 33701

FEI Number: 20-4816326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

F&L CORP. ONE INDEPENDENT DRIVE UITE 1300 JACKSONVILLE, FL 32202 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

OFFICERS AND DIRECTORS:

Title: PCEO

 Name:
 DESAI, MD, AKSHAY M

 Address:
 100 CENTRAL AVE, SUITE 200

 City-St-Zip:
 ST PETERSBURG, FL 33701

Title: CFO

Name: KANT, DENNIS

Address: 100 CENTRAL AVE, SUITE 200 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: COO

 Name:
 O'DROBINAK, JAMES

 Address:
 100 CENTRAL AVE, SUITE 200

 City-St-Zip:
 SAINT PETERSBURG, FL 33701

Title: 7

Name: SCHAEFER, STEVE

Address: 100 CENTRAL AVE, SUITE 200 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: CONT

Name: DONOVAN, MIKE

Address: 100 CENTRAL AVE, SUITE 200 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SGC

Name: PATEL, SANDIP I

Address: 100 CENTRAL AVE, SUITE 200 City-St-Zip: ST. PETERSBURG, FL 33701

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: SANDIP I PATEL S 01/06/2011