## F06000003664

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Universal Health Care Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000003664

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A. Potucek

(Name of Person)

Universal Health Care Group, Inc.

(Name of Firm/Company)

100 Central Avenue, Suite 200

(Address)

Saint Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Potucek

<sub>.,,</sub>727 \329-0588 x858

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ւ Sandip I. Patel	Sec , hereby resign as	retary, General Counsel, CAO
• •	,g,g us	(Title)
of Universal Health C		
F06000003664  (Document Number, if known)	ne of Corporation), a corporation organized under	the laws of the State of
Florida	•	
14	JPH	
	(Signature of resigning officer/director)	13 JAN 28 AH SELAHASSEE, F
	FILING FEE IS \$35.00	To Co

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314