

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004941

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** UHS SURGICAL SERVICES, INC.

**Current Principal Place of Business:**

10939 PENDLETON ST  
SUN VALLEY, CA 91352

**New Principal Place of Business:**

**Current Mailing Address:**

10939 PENDLETON ST  
SUN VALLEY, CA 91352

**New Mailing Address:**

**FEI Number:** 95-4607643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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: N/A

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JEFF, SINGER  
Address: 10939 PENDLETON ST  
City-St-Zip: SUN VALLEY, CA 91352

Title: SECR  
Name: PULJU, LEE  
Address: 7700 FRANCE AVE. S., SIUTE 275  
City-St-Zip: EDINA, MN 55435

Title: CFO  
Name: MCKAY, WILLIAM M  
Address: 10939 PENDLETON ST  
City-St-Zip: SUN VALLEY, CA 91352

Title: D  
Name: BLACFORD, GARY  
Address: 7700 FRANCE AVE. S., SUITE 275  
City-St-Zip: EDINA, MN 55435

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: LEE PULJU

SECR

04/03/2012

Electronic Signature of Signing Officer or Director

Date