2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# K08763

Entity Name: UNIVERSITY NURSING CARE CENTER, INC.

Current Principal Place of Business:

1311 SW 16 ST
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1047
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-2268596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, RICHARD T
SAVAGE KRIN SIMONS & JONES
408 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601

Name and Address of New Registered Agent:

KRUGMAN-KADI, EILON
824 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32602

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: EILON KRUGMAN-KADI 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ANTHONY LIUZZO,
Address: 1535 SW ARCHER ROAD
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANTHONY LIUZZO PSD 04/30/2004
Electronic Signature of Signing Officer or Director Date