

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000559

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** UNIVERSAL HEALTH MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

7491 W. OAKLAND PARK BLVD  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

7491 W. OAKLAND PARK BLVD  
SUITE 100  
LAUDERHILL, FL 33319

**Current Mailing Address:**

7491 W. OAKLAND PARK BLVD  
LAUDERHILL, FL 33319

**New Mailing Address:**

7491 W. OAKLAND PARK BLVD  
SUITE 100  
LAUDERHILL, FL 33319

**FEI Number:** 65-0977362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEINER, ELIEZER  
7491 W. OAKLAND PARK BLVD  
LAUDERHILL, FL 33319 US

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

SCHEINER, ELIEZER  
7491 W. OAKLAND PARK BLVD  
SUITE 100  
LAUDERHILL, FL 33319 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:

04/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SCHIENER, ELIEZER  
Address: 7491 W OAKLAND PARK BLVD  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHIENER, ELIEZER  
Address: 7491 W OAKLAND PARK BLVD SUITE 100  
City-St-Zip: LAUDERHILL, FL 33319

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIEZER SCHEINER

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date