2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000000559

Name:

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

FILED Aug 09, 2005 Secretary of State

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

7491 W. OAKLAND PARK BLVD 272 W. 86TH STREET SUITE 100 FIRST FLOOR

LAUDERHILL, FL 33319 NEW YORK, NY 10024

Current Mailing Address: New Mailing Address:

7491 W. OAKLAND PARK BLVD 272 W. 86TH STREET SUITE 100 FIRST FLOOR

LAUDERHILL, FL 33319 NEW YORK, NY 10024

FEI Number Applied For () FEI Number: 65-0977362 FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SCHEINER, ELIEZER NRAI SERVICES INC 7491 W. OÁKLAND PARK BLVD 2731 EXECUTIVE PARK DRIVE SUITE 100 SUITE 4 LAUDERHILL, FL 33319 US WESTON, FL 33331 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: LISA REEVES 08/09/2005

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

SCHIENER, ELIEZER SCHIENER, ELIEZER Address: 7491 W OAKLAND PARK BLVD SUITE 100 Address: 272 W. 86TH STREET - FIRST FLOOR

City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: NEW YORK, NY 10024

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 08/09/2005