2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: UNIVERSAL MEDICAL CENTER OF FLORIDA CITY, LLC

Current Principal Place of Business:

751 WEST PALM DRIVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

995 N MIAMI BEACH BLVD.
100
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 27-0375161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO
995 N MIAMI BEACH BLVD.
100
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BRAVO, OCTAVIO
Address: 995 N MIAMI BEACH BLVD. #100
City-St-Zip: N MIAMI BEACH, FL 3362

Title: MGR
Name: GONZALEZ, WILFREDO
Address: 995 N MIAMI BEACH BLVD. #100
City-St-Zip: N MIAMI BEACH, FL 33162

I hereby 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 Statues.

SIGNATURE: WILFREDO GONZALEZ MGR 02/02/2011

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