

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001225

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** UNIVERSAL HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

585 NW 94TH ST.  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

585 NW 94TH ST.  
MIAMI, FL 33150 US

**New Mailing Address:**

**FEI Number:** 04-3846386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERTS, PATRICIA A  
585 NW 94TH ST.  
MIAMI, FL 33150 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, PATRICIA A  
Address: 585 NW 94TH ST.  
City-St-Zip: MIAMI, FL 33150 US

Title: SD  
Name: MORRIS, ELLA J  
Address: 3950 NW 194TH ST.  
City-St-Zip: MIAMI, FL 33055 US

Title: TD  
Name: ROBERTS, AQUIL  
Address: 585 NW 94TH ST.  
City-St-Zip: MIAMI, FL 33150 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA ROBERTS

PD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date