2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N07000008264

Entity Name: UNIVERSAL COMMUNITY HEALTH CENTER, CORP.

Current Principal Place of Business:

8100 W FLAGLER STREET
101
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8100 W FLAGLER STREET
101
MIAMI, FL 33144

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORES, JUAN M MD
8100 W FLAGLER STREET
101
MIAMI, FL 33144 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 ( ) Delete
Name: FLORES, JUAN M MD
Address: 14455 SW 12 LN
City-St-Zip: MIAMI, FL 33184

Title: VPD ( ) Delete
Name: PEREZ, AMANDA
Address: 9615 SW 24 ST, APT A-316
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: FLORES, BEIDA
Address: 14455 SW 12 LN
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN M FLORES PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date