

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001104

FILED
Apr 12, 2012
Secretary of State

Entity Name: UNIVERSITY COMMUNITY HOSPITAL SPECIALTY CARE, INC.

Current Principal Place of Business:

3100 E. FLETCHER AVENUE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

3100 E. FLETCHER AVENUE
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3231322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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: BRYANT, ALMA MD
Address: 3100 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: DVP
Name: SHAW, BRIGITTE
Address: 3100 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: SD
Name: MICELI-MULLEN, JOLINE
Address: 3100 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613 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: BRIGITTE SHAW

DVP

04/12/2012

Electronic Signature of Signing Officer or Director

Date