

N95000002410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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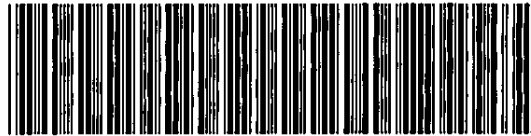
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: University Health Network Foundation (U.S.) Inc.
(Name of Corporation)

DOCUMENT NUMBER: N95000002410

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Karp
(Name of Contact Person)

Joel J. Karp, P.A.
(Firm/Company)

520 Brickell Key Drive, Suite O-303
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Karp at (305) 445-3545
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

⇒ HARVEY G.

JOEL J. KARP
PROFESSIONAL ASSOCIATION

2 ALHAMBRA PLAZA
SUITE 1202
CORAL GABLES, FLORIDA 33134

TELEPHONE: (305) 445-3545
FAX: (305) 461-3545

June 12, 2007

Tennys Hanson
RF Elliott Bldg., 15-419
Toronto M5G 2C4
CANADA

**Re: University Health Network (the "Company")
Change of Registered Agent/Registered Office**


Dear Mr. Hanson:

As you know, since its inception, statutory representation in the State of Florida has been provided to the Company through Alhambra Registered Agent, Inc. ("ARA"). Such representation has included, without limitation, service as the Company's registered agent, providing the Company with a registered office within the State of Florida for the purpose of accepting service of process, the filing of Florida Annual Reports and various other such services ("Statutory Representation").

On July 1, 2007, Joel J. Karp will be moving his offices and will be providing Statutory Representation to his clients, at no charge other than costs, through Key Registered Agents, Inc. effective immediately. If you would like us to continue Statutory Representation of the Company through Key Registered Agents, Inc., merely sign the enclosed Statement of Change and return the same to us, together with your check in the amount of \$35.00, representing the filing fee made payable to the FLORIDA DEPARTMENT OF STATE. We are enclosing a prepaid envelope for your ease of return. Upon receipt, we will file the same with the Florida Department of State. If, however, the Company would like to engage the services of a different statutory representative, merely let us know and feel free to do so. Please note, that the Company must also file a Statement of Change with the Florida Department of State, with respect to any new statutory representative it engages.

Should you have any comments, please feel free to call me at (305) 445-3545.

Sincerely,


Nicole Sabat

~~VFL 3706~~
VFL 3706
14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2007

JOEL KARP
520 BRICKELL KEY DRSTE O-303
MIAMI, FL 33131

SUBJECT: UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.) INC.
Ref. Number: N95000002410

We have received your document for UNIVERSITY HEALTH NETWORK FOUNDATION (U.S.) INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 307A00045175

RECEIVED
2007 NOV - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: University Health Network Foundation (U.S.) Inc.
2. The principal office address: 190 Elizabeth Street, R.F. Elliot Bldg.,
55-801, Toronto, Canada M5G-C4 CA
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/18/1995 Document number: N95000002410

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Alhambra Registered Agents, Inc.

2 Alhambra Plaza, Suite 1202

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Key Registered Agents, Inc.

520 Brickell Key Drive, Suite O-303

(P.O. Box NOT acceptable)

Miami, FL 33131

The street address of its registered office and the address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Tennys Hanson
(Signature of an officer or director)

Tennys Hanson President/Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joel J. Karp
(Signature of Registered Agent)

10/3/07
(Date)

If signing on behalf of an entity:

JOEL J KARP
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
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TALLAHASSEE, FLORIDA