2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: UNIVERSITY HEALTH PARK MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

220 NORTH MAIN STREET
GAINESVILLE, FL 32601

New Mailing Address:

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

Name and Address of Current Registered Agent:

WEBER, MARY-EVAN
220 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: D
Name: CROSSETTI, JAMES
Address: 530 OAK COURT DRIVE, STE. 300
City-St-Zip: MEMPHIS, TN 38117

Title: D
Name: HOGSHEAD, J. ANDREW
Address: 220 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: FUHRMEISTER, BRIAN
Address: 2033 MAIN STREET, STE. 300
City-St-Zip: SARASOTA, FL 34237

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: J. ANDEW HOGSHEAD D 04/19/2011

Electronic Signature of Signing Officer or Director — Date