2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090140

Entity Name: UNIVERSAL MEDICAL CENTRE, PA

FILED Jul 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13377 WEST DIXIE HWY N MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

13377 WEST DIXIE HWY N MIAMI, FL 33161

FEI Number: 65-1142585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOSEPH, SMITH DR. JOSEPH, SMITH DR. 13377 W. DIXIE HWY 2779 S.W. 126 WAY MIRAMAR, FL 33027 US N. MIAMI, FL 33161 US

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: SMITH JOSEPH 07/07/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

SMITH, JOSEPH DR.

2779 S.W. 126 WAY

MIRAMAR, FL 33027

Title:

Name:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

SMITH, JOSEPH DR. Name: Address: 13377 W. DIXIE HWY City-St-Zip: N. MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: SMITH JOSEPH 07/07/2005