

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 019 ***150.00

DOCUMENT # P02000082388

1. Entity Name
UNIVERSAL HEALTH CARE, INC.



Principal Place of Business
**150 2ND AVENUE
SUITE 810
ST. PETERSBURG, FL 33701**

Mailing Address
**150 2ND AVENUE
SUITE 810
ST. PETERSBURG, FL 33701**

14001482



2. Principal Place of Business

3. Mailing Address

P.O. Box 389

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004

Chg-P

CR2E034 (10/03)

City & State

City & State
St. Petersburg, FL

4. FEI Number

05-0528708

Applied For

Not Applicable

Zip

Country

Zip

33731-0389

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATE, SANDIP I
6800 NORTH DALE MABRY HIGHWAY
SUITE 268
TAMPA, FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Audrey

4-9-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DESAI, AKSHAY M**
STREET ADDRESS **150 2ND AVENUE, SUITE 810**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey

Date

Daytime Phone #

4-9-04 (727) 822-3446