


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90195 020 \*\*\*150.00

<b>DOCUMENT # P02000082388</b> 1. Entity Name <b>UNIVERSAL HEALTH CARE, INC.</b>					
Principal Place of Business <b>150 2ND AVENUE N SUITE 400 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>150 2ND AVENUE N SUITE 400 SAINT PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>05-0528708</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>DESAI, AKSHAY M DR 150 2ND AVE N SUITE 400 SAINT PETERSBURG, FL 33701</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESAI, AKSHAY M 150 2ND AVENUE, SUITE 400 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SHEESLEY, PHIL 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCINTYRE, BRETT 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO PERRY, RICHARD 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAEFER, STEVE 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIPALMA, JOHN 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANT, JERRY 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____		

# ATTACHMENT

60034007

#P02000 082388

CONTINUE

Block 11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CONT <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	PHELPS, LYNN
STREET ADDRESS	150 2ND AVENUE N, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	ZACHARIAH, ZACHARIAH P
STREET ADDRESS	150 2ND AVENUE N, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	DESAI, DEEPAK
STREET ADDRESS	150 2ND AVENUE N, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	DESAI, SEEMA
STREET ADDRESS	150 2ND AVENUE N, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	CHOSKI, JAYENDRA
STREET ADDRESS	150 2ND AVENUE N, SUITE 400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701