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19/12



ACCOUNT NO.	:	120000	0000195	
REFERENCE	:	488239	7516704	
AUTHORIZATION	:		Levell of and	
COST LIMIT	:	\$ 35	Spulleran	
ORDER DATE : January 8, 2013				
ORDER TIME : 11:02 AM				
ORDER NO. : 488239-005				
CUSTOMER NO: 7516704				
		 -		
CHANGE OF AGENT				
NAME: UNIVERSAL HEALTH CARE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Harry B. Davis	3	- EXT# EXAMIN		
		THE STATE OF		

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Universal Health Care, Inc.
2. The principal	office address: 100 Central Avenue, Suite 200, St. Petersburg, FL 33701
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: April 19, 2006 Document number: P02000082388
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Sandip I. Patel, Esq.
	100 Central Avenue, Suite 200
	St. Petersburg, FL 33701
6. The name and (if changed):	St. Petersburg, FL 33701 Street address of the new registered agent (if changed) and /or registered office SST Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable
	Taliahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatu	Deepak Desai, Chief Strategy Officer Printed or typed name and title
I further agree I performance of agent. Or, if thi hereby confirm Corporation By:	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The comply with the provisions of all statutes relative to the proper and complete The complete of th
If signing on bel	half of an entity: Harry B. Davis Asst. Vice President
T	and or Printed Name

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