2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000087498

Entity Name: UNIVERSITY HEALTH SERVICES, P.A.

FILED Feb 28, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

14501 BRUCE B DOWNS 11707 CLUB DRIVE TAMPA, FL 33613 TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

14501 BRUCE B DOWNS PO BOX 48586 TAMPA, FL 33613 TAMPA, FL 33647

FEI Number: 54-2067828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

O'CONNOR, PATRICK M ESQ C/O O'CONNOR & ASSOCIATES 2240 BELLEIR RD, STE 160 CLEARWATER, FL 33764 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:

Title:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: ADM

(X) Change () Addition CHOWDHARI, SHAUKAT J MD Name: Name: MALIK, SAJJAD 14501 BRUCE B. DOWNS Address: 11707 CLUB DR Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33612

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.

SIGNATURE: SAJJAD MALIK **ADM** 02/28/2003

Electronic Signature of Signing Officer or Director

Date