2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111590

1. Entity Name
UNIVERSAL HEALTH CARE LANTANA, INC.

Principal Place of Business	Mailing Address
1355 - 4TH STREET DRIVE NW HICKORY, NC 28601	1355 - 4TH STREET DRIVE NW HICKORY, NC 28601

03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2185720
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICKENSON, BLAINE C
712 U.S. HIGHWAY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000115729
04/16/04-80036-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEAVOR, DONALD
STREET ADDRESS	530 OCEAN DRIVE #1202
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	S
NAME	CARROLL, VICKIE
STREET ADDRESS	836 SKEEN ROAD
CITY-ST-ZIP	DENTON, NC 27239
TITLE	VP
NAME	SWENDSEN, MELVIN C
STREET ADDRESS	13036 COASTAL CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Donald C. Beaver 4/1/04 (828)324-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #