

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90054 028 \*\*\*150.00

**50032623**



<b>DOCUMENT # P02000111590</b> 1. Entity Name <b>UNIVERSAL HEALTH CARE LANTANA, INC.</b>			
Principal Place of Business <b>1355 - 4TH STREET DRIVE NW HICKORY, NC 28601</b>		Mailing Address <b>1355 - 4TH STREET DRIVE NW HICKORY, NC 28601</b>	
2. Principal Place of Business <b>6026 Old Congress Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3914 Ridge Rd NE</b> Suite, Apt. #, etc.	
City & State <b>Lantana FL</b>		City & State <b>Conover NC</b>	
Zip <b>33462</b>		Zip <b>28613</b>	
Country		Country	
4. FEI Number <b>35-2185720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fees Required	
6. Name and Address of Current Registered Agent  <b>DICKENSON, BLAINE C 712 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name <b>Melvin C. Swendsen</b> Street Address (P.O. Box Number is Not Acceptable) <b>13036 Coastal Circle</b> City <b>Palm Beach Gardens FL</b> Zip <b>33410</b>	
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: <i>Melvin C Swendsen</i> DATE: <b>3/16/05</b> <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BEAVOR, DONALD STREET ADDRESS 530 OCEAN DRIVE #1202 CITY-ST-ZIP JUNO BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE P NAME Beaver, Donald STREET ADDRESS 530 Ocean Drive, #1202 CITY-ST-ZIP Juno Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CARROLL, VICKIE STREET ADDRESS 836 SKEEN ROAD CITY-ST-ZIP DENTON, NC 27239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SWENDSEN, MELVIN C STREET ADDRESS 13036 COASTAL CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/16/05</b> Daytime Phone #: <b>(828) 459-7141</b>	