


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 30 AM 3:30

..2009
CORPORATION
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000038735

1. Corporation Name

UCRC, INC.

2. Principal Office Address - No P.O. Box #

3838 N. University Dr

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

Zip

33351

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2004

5. FEI Number

200800650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR. GARY HOSTE

Street Address (P.O. Box Number is Not Acceptable)

3838 N. University DR.

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D | DR. GARY HOSTE | 3838 N. University Dr | SUNRISE, FL 33351 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 26, 2009

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Document # P04000038735
EIN: 20-0800650
2009 Corporate Annual Report

Re: UCRC, Inc.

Gentlemen:

I wanted to inform you that UCRC, Inc. did not receive any notice or email to file the 2009 Corporate Annual Report. Enclosed please find the 2009 Reinstatement Corporate Annual Report properly marked that UCRC, Inc. did not receive proper notice to file the Corporate Annual Report. In addition, per the instructions on the 2009 Corporate Annual Report, please waive any penalty that may be attached due to the failure to receive the notice to file the 2009 Annual Report.

Thank you,



Dr. Gary F. Hoste, President