2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000068175

FILED Mar 12, 2008 Secretary of State

Entity Name: UNIVERSAL HEALTH NETWORK CORP. **Current Principal Place of Business: New Principal Place of Business:** 7200 NW 7TH ST., SUITE 300 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 7200 NW 7TH ST., SUITE 300 MIAMI, FL 33126 FEI Number: 20-1047052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, ARNALDO J 7200 NW 7TH ST., SUITE 300 MIAMI, FL 33126 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: ARNALDO J. GONZALEZ Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GONZALEZ, ARNALDO J Name: Name: 7200 NW 7TH ST., SUITE 300 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: () Delete Title: () Change () Addition LARA, ERNESTO Name: Name: 7200 NW 7TH ST., SUITE 300 Address: Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: ARNALDO J. GONZALEZ PD 03/12/2008