

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168473

FILED
Aug 28, 2007
Secretary of State

Entity Name: UNIVERSAL HEALTHCARE ASSOCIATION, INC.

Current Principal Place of Business:

1550 WEST 84TH ST.
SUITE 52
HIALEAH, FL 33014

New Principal Place of Business:

12778 SW 17TH TER
MIAMI, FL 33175

Current Mailing Address:

1550 WEST 84TH ST.
SUITE 52
HIALEAH, FL 33014

New Mailing Address:

12778 SW 17TH TERR
MIAMI, FL 33175

FEI Number: 06-1736655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, JUNIOR
1550 WEST 84TH STREET
SUITE 52 & 54
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

RODRIGUEZ, MISAEL
12778 SW 17TER
MIAMI, FL 33175 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: MISAEL RODRIGUEZ

08/28/2007

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:

Title: PTD () Delete
Name: DOMINGUEZ, JUNIOR
Address: 1550 WEST 84TH STREET, SUITE 52 & 54
City-St-Zip: HIALEAH, FL 33014

Title: VSD (X) Delete
Name: ROJAS, FERNAN L
Address: 1550 WEST 84TH STREET, SUITE 52 & 54
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: RODRIGUEZ, MISAEL
Address: 12778 SW 17TH TER
City-St-Zip: MIAMI, F 33175

Title: () Change () Addition
Name:
Address:
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: MISAEL RODRIGUEZ

PTD

08/28/2007

Electronic Signature of Signing Officer or Director

Date