

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000001255

FILED
Feb 09, 2006
Secretary of State**Entity Name:** UNIVERSAL CARE MEDICAL CENTER INC.**Current Principal Place of Business:**2141 SW 1 ST
210
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**2141 SW 1 ST
210
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 20-2096634**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**EVORA, HERMIS
2141 SW 1 ST
210
MIAMI, FL 33135 US**Name and Address of New Registered Agent:**RAMIREZ, SILVIA
2141 SW 1 ST
210
MIAMI, FL 33135 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: SILVIA RAMIREZ

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PVSD () Delete
Name: EVORA, HERMIS
Address: 18810 NW 51 AVE
City-St-Zip: MIAMI, FL 33055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVSD (X) Change () Addition
Name: RAMIREZ, SILVIA
Address: 3453 SW 113 CT
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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: SILVIA RAMIREZ

PRE

02/09/2006

Electronic Signature of Signing Officer or Director

Date