

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042427

FILED
Sep 18, 2009
Secretary of State

Entity Name: UNIVERSITY HEALTH SYSTEMS, INC.

Current Principal Place of Business:

529 SOUTH FLAGLER DRIVE
18G
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1853 S.E. PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

529 SOUTH FLAGLER DRIVE
18G
WEST PALM BEACH, FL 33401

New Mailing Address:

1853 S.E. PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34953

FEI Number: 20-5706847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENSTEIN, RICHARD H
853 S.E. MONTEREY COMMONS BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADOW, SAMUEL H
Address: 529 SOUTH FLAGLER DRIVE 18-G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPD (X) Delete
Name: MANKIEWICZ, BRUNA MS
Address: 529 SOUTH FLAGLER DRIVE 18-G
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST () Delete
Name: MANKIEWICZ, JASON MR
Address: 7306 SEA PINES COURT
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL H SADOW, MD, FACS

PRES

09/18/2009

Electronic Signature of Signing Officer or Director

Date