
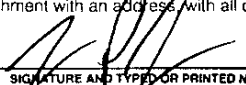


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90197 001 \*\*\*150.00

<b>DOCUMENT # P06000073119</b> 1. Entity Name <b>UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.</b>					
Principal Place of Business <b>150 2ND AVENUE NORTH SUITE 400 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>150 2ND AVENUE NORTH SUITE 400 ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-4939821</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER 200 E. GAINES ST. P.O. BOX 6200 ( 32314-6200 TALLAHASSEE, FL 32399</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESAI, AKSHAY M 150 2ND AVENUE N STE 400 SAINT PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCINTYRE, BRETT 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO PERRY, RICHARD 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAEFER, STEVE 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIPALMA, JOHN 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FANT, JERRY 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>LYNN PHELPS</b>			<b>4/25/08</b>		<b>727-456-6517</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

# ATTACHMENT

60036357

CONTINUE

#P06000073119

Block 11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION PHELPS, LYNN 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION ZACHARIAH, ZACHARIAH P 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION DESAI, DEEPAK 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION DESAI, SEEMA 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION CHOSKI, JAYENDRA 150 2ND AVENUE N, SUITE 400 SAINT PETERSBURG, FL 33701