2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC.

Current Principal Place of Business:

100 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-4939821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
P.O. BOX 6200 (32314-6200
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: DESAI, AKSHAY M
Address: 100 CENTRAL AVENUE, STE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S
Name: PATEL, SANDIP I
Address: 100 CENTRAL AVENUE, STE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: COO
Name: O'DROBINAK, JAMES
Address: 100 CENTRAL AVENUE, STE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T
Name: SCHAEFER, STEVE
Address: 100 CENTRAL AVENUE, STE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: GC
Name: PATEL, SANDIP I ESQ
Address: 100 CENTRAL AVENUE, STE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: SANDIP I PATEL S 01/06/2011

Electronic Signature of Signing Officer or Director — Date