

PO6000073119

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(Address)

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(City/State/Zip/Phone #)

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8-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Health Care Insurance Comapny, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000073119

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James O'Drobinak

(Name of Person)

Universal Health Care Group, Inc.

(Name of Firm/Company)

100 Central Ave, Suite 200

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandip I. Patel

(Name of Person)

at (727) 456-2900

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James O'Drobinak, hereby resign as Chief Operating Officer
(Title)

of Universal Health Care Insurance Company, Inc.
(Name of Corporation)

P06000073119, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314