2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P09000006000

Entity Name: UNIVERSITY MEDICAL, INC.

Current Principal Place of Business:

233 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

233 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 26-4136696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRSCHENSON, DAVID L
233 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 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: D
Name: HIRSCHENSON, STEPHANIE
Address: 233 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D
Name: HIRSCHENSON, DAVID L
Address: 233 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

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: DAVID L HIRSCHENSON D 04/28/2011

Electronic Signature of Signing Officer or Director — Date