2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# P10000025804

Entity Name: UNIVERSITY HEALTH CARE, INC.

Current Principal Place of Business:

8600 NW 17 ST
SUITE #160
DORAL, FL 33126

New Principal Place of Business:

Current Mailing Address:

8600 NW 17 ST
SUITE #160
DORAL, FL 33126

New Mailing Address:

FEI Number: 27-2199063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUEVEDO, MARGARITA H
8600 NW 17 ST STE 160
DORAL, FL 33126 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: VPD
Name: QUEVEDO, MICHAEL
Address: 8600 NW 17 ST, SUITE #160
City-St-Zip: DORAL, FL 33126

Title: P
Name: QUEVEDO, MARGARITA H
Address: 8600 NW 17 ST, SUITE #160
City-St-Zip: DORAL, FL 33126

Title: TD
Name: MCCAULIFF, ILEANA
Address: 8600 NW 17TH ST STE 160
City-St-Zip: DORAL, FL 33126

Title: D
Name: HERNANDEZ, CIRA
Address: 8600 NW 17TH ST STE 160
City-St-Zip: DORAL, FL 33126

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: MARGARITA QUEVEDO P 04/24/2012

Electronic Signature of Signing Officer or Director Date