FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059076 (8)**

1. Corporation Name
UNIVERSAL HEALTH CARE SERVICES, INC.

Principal Place of Business
2881 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

Mailing Address
2881 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 1001 Yamato Rd.,
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Boca Raton, FL
Zip 24 33487
County 25 Palm Beach

2a. Mailing Address
26 1001 Yamato Rd.,
Suite, Apt. #, etc.
27 Suite 300
City & State
28 Boca Raton, FL
Zip 29 33487
County 30 Palm Beach

4. FEI Number: **65-0431159** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KUMAR, VIJAY
2881 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
1001 Yamato Rd.,
03 Suite 300
04 City Boca Raton FL 05 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(Signature of a member of the corporation's registered agent, if applicable) (NOTE: Registered Agent signature required after resignation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	KUMAR, VIJAY	1.2 NAME	Kumar, Vijay
STREET ADDRESS	2881 E OAKLAND PARK BLVD	1.3 STREET ADDRESS	1001 Yamato Road, Suite 300
CITY ST ZIP	FT LAUDERDALE FL 33306	1.4 CITY ST ZIP	Boca Raton, FL 33487
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VIJAY KUMAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95
Date

(407)989-9450
Daytime Phone #

0213240 CP