## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000059076

Entity Name: UNIVERSAL HEALTH CARE SERVICES, INC.

**FILED** Feb 23, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5365 W. ATLANTIC AVE

503 DELRAY BEACH, FL 33484

US **New Mailing Address:** 

5365 W. ATLANTIC AVE

**Current Mailing Address:** 

DELRAY BEACH, FL 33484 US

FEI Number: 65-0431159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUPTA, VIJAY KUMAR GUPTA, VIJAY K 5365 W ATLANTIC AVE 5365 W ATLANTIC AVE SUITE 503 SUITE 503 DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484

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: VIJAY K. GUPTA 02/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

GUPTA, VIJAY KUMAR GUPTA, VIJAY K Name: Name:

5365 W. ATLANTIC AVE STE 503 5365 W. ATLANTIC AVE STE 503 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further 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 an address, with all other like empowered.

SIGNATURE: VIJAY K. GUPTA 02/23/2004 D