

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000067006

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

4401 SW 8 STREET  
MIAMI, FL 33134 US

**New Principal Place of Business:**

4795 WEST FLAGLER STREET  
MIAMI, FL 33134 US

**Current Mailing Address:**

4401 SW 8 ST  
MIAMI, FL 33134 US

**New Mailing Address:**

4795 WEST FLAGLER STREET  
MIAMI, FL 33134 US

FEI Number: 65-0443196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUMENIGO, FRANCISCO ESQ  
225 ALESIO AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ACEBO, ILEANA M PA  
Address: 4795 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33134

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: ILEANA ACEBO

D

02/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date