

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000052133

FILED
Apr 13, 2009
Secretary of State

Entity Name: UNIVERSAL FAMILY MEDICAL CENTER, P.A.

Current Principal Place of Business:

601 N CONGRESS AVE, STE 408
DELRAY BEACH, FL 33445

New Principal Place of Business:

601 N CONGRESS AVE,
SUITE 408
DELRAY BEACH, FL 33445

Current Mailing Address:

PO BOX 7655
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0505431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKO, NNACHI L
2200 LAKE IDA RD.
DELRAY BEACH, FL 33445 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 () Delete
Name: OKO, NNACHI L
Address: 2200 LAKE IDA RD.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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: NNACHI L OKO

MD

04/13/2009

Electronic Signature of Signing Officer or Director

Date