

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2008 08:00 AM
Secretary of State**DOCUMENT # P97000009545**

1. Entity Name

UNIVERSITY MEDICAL CARE, P.A.



Principal Place of Business

471 N. SEMORAN BLVD
WINTER PARK, FL 32792

Mailing Address

7946 VERSILIA DR
WINTER PARK, FL 32792 US

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3425078

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAPOOR, RAJAN MD
7946 VERSILIA DR
ORLANDO, FL 32836**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KAPOOR, RAJAN M.D.
STREET ADDRESS	7946 VERSILIA DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R Kapoor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 407-996-3207