

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009545

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNIVERSITY MEDICAL CARE, P.A.

Current Principal Place of Business:

471 N. SEMORAN BLVD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

7946 VERSILIA DR
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3425078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPOOR, RAJAN MD
7946 VERSILIA DR
ORLANDO, FL 32836 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: PSTD () Delete
Name: KAPOOR, RAJAN M.D.
Address: 7946 VERSILIA DR
City-St-Zip: ORLANDO, FL 32836

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: RAJAN KAPOOR

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date