

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90194 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000020676

1. Corporation Name

UNIVERSITY CLINIC AND ACUTE CARE, INC.

Principal Place of Business

2748 UNIVERSITY BLVD W  
JACKSONVILLE FL 32216

Mailing Address

2748 UNIVERSITY BLVD W  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3463197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 Ste 100

23 City & State

24 Zip 32217 25 Country

2a. Mailing Address

26 2748 Univ. Blvd. W.

27 Suite, Apt. #, etc.

28 Ste 100  
29 JACKSONVILLE, FL  
30 Zip 32217 31 Country

9. Name and Address of Current Registered Agent

GUPTA, ANAND S  
2748 UNIVERSITY BLVD W, Ste 100  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*A. Gupta*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GUPTA, CARMELITA  
STREET ADDRESS 2748 UNIVERSITY BLVD W  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE  
NAME GUPTA, NEVIN  
STREET ADDRESS 2748 UNIVERSITY BLVD W  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE  
NAME GUPTA, RAMAN  
STREET ADDRESS 2748 UNIVERSITY BLVD W  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE  
NAME GUPTA, ANAND S  
STREET ADDRESS 2748 UNIVERSITY BLVD W  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*A. Gupta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

9043678886

Daytime Phone #

CR2E034 (11/98)