

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020676

FILED
May 22, 2010
Secretary of State

Entity Name: UNIVERSITY CLINIC AND ACUTE CARE, INC.

Current Principal Place of Business:

2535 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 56164
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 59-3463197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUPTA, ANAND S
2729 FOREST CIRCLE
JACKSONVILLE, FL 32257 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D
Name: GUPTA, CARMELITA
Address: 2729 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: GUPTA, NEVIN
Address: 2729 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: GUPTA, RAMAN
Address: 2729 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: GUPTA, ANAND S
Address: 2729 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

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: ANAND GUPTA

CEO

05/22/2010

Electronic Signature of Signing Officer or Director

Date