

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027332

FILED
Apr 11, 2006
Secretary of State

Entity Name: UNIVERSITY MEDICAL PARK II, INC.

Current Principal Place of Business:

802 11TH STREET WEST
BRADENTON, FL 34205

New Principal Place of Business:

802 11TH STREET WEST
BRADENTON, FL 34205 US

Current Mailing Address:

802 11TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

802 11TH STREET WEST
BRADENTON, FL 34205 US

FEI Number: 65-0751376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, PA
802 11TH STREET WEST
BRADENTON, FL 34205 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: DPT () Delete
Name: HARVEY, DON
Address: 2613 59TH STREET
City-St-Zip: SARASOTA, FL 34243

Title: DV () Delete
Name: DEEMS, DANIEL A
Address: 2613 59TH STREET C/O DON HARVEY
City-St-Zip: SARASOTA, FL 34243 US

Title: DS () Delete
Name: SAX, JOAN A
Address: 2613 59TH STREET C/O DON HARVEY
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HARVEY, DON
Address: 2613 59TH STREET
City-St-Zip: SARASOTA, FL 34243 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DON HARVEY

P

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date