2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027332

Entity Name: UNIVERSITY MEDICAL PARK II, INC.

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

802 11TH STREET WEST 2613 59TH STREET

BRADENTON, FL 34205 US SARASOTA, FL 34243 US

Current Mailing Address: New Mailing Address:

802 11TH STREET WEST 2613 59TH STREET

BRADENTON, FL 34205 US SARASOTA, FL 34243 US

FEI Number: 65-0751376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, PA
802 11TH STREET WEST

BLALOCK WALTERS, PA
802 11TH STREET WEST

802 11TH STREET WEST
BRADENTON, FL 34205 US
802 11TH STREET WEST
BRADENTON, FL 34205 US

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: CLIFFORD L WALTERS 04/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT

 Name:
 HARVEY, DON

 Address:
 2613 59TH STREET

 City-St-Zip:
 SARASOTA, FL 34243 US

Title: DV

Name: DEEMS, DANIEL A

Address: 2613 59TH STREET C/O DON HARVEY

City-St-Zip: SARASOTA, FL 34243 US

Title: DS

Name: SAX, JOAN A

Address: 2613 59TH STREET C/O DON HARVEY

City-St-Zip: SARASOTA, FL 34243 US

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: DON HARVEY DPT 04/20/2011