2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028617

Entity Name: UCH SERVICES, INC.

Address:

City-St-Zip:

3100 E. FLETCHER AVENUE

TAMPA, FL 33613

FILED Jun 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3100 E. FLETCHER AVENUE TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 3100 E. FLETCHER AVENUE TAMPA, FL 33613 FEI Number: 59-3508454 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: MICELI-MULLEN, JOLINE 3100 E. FLETCHÉR AVENUE TAMPA, FL 33613 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LIGHTFOOT, KEN Name: Name: 3100 E FLETCHER AVE Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ANDERSON, ROBERT L PH.D Name: 3100 E. FLETCHER AVENUE Address: Address: TAMPA, FL 33613 City-St-Zip: City-St-Zip: Title: Title: DP () Delete () Change () Addition STEIN, NORM Name: Name: 3100 E. FLETCHER AVENUE Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: Title: DS () Delete Title: () Change () Addition GLIDEWELL, CALVIN E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: NORM STEIN DP 06/30/2006