


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V05652
 1. Entity Name
UNIVERSITY BOULEVARD MEDICAL CENTER, INC.



Principal Place of Business 7251 UNIVERSITY BLVD SUITE 300 WINTER PARK, FL 32792 US	Mailing Address 7251 UNIVERSITY BLVD SUITE 300 WINTER PARK, FL 32792 US
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02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3107809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUHNS, JOHN F
 7251 UNIVERSITY BLVD
 SUITE 300
 WINTER PARK, FL 32792

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN0000479150
 04/08/06-80033-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EARLY, STEPHEN V. 7251 UNIVERSITY BLVD SUITE 300 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOKRIS, MICHAEL S. 5957 VINELAND RD., #101 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REESE, BRADLEY R. 5957 VINELAND RD., #101 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUBBIN, CLIFFORD B. 5957 VINELAND RD., #101 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUHNS, JOHN F 7251 UNIVERSITY BLVD, SUITE B 300 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFFRAN, ALAN J. 7251 UNIVERSITY BLVD SUITE 300 WINTER PARK, FL 32792

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Date: 3/23/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR