

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05652

FILED
Jul 02, 2007
Secretary of State

Entity Name: UNIVERSITY BOULEVARD MEDICAL CENTER, INC.

Current Principal Place of Business:

7251 UNIVERSITY BLVD
SUITE 300
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

7251 UNIVERSITY BLVD
SUITE 300
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3107809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUHN, JOHN F
7251 UNIVERSITY BLVD
SUITE 300
WINTER PARK, FL 32792 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: DVP () Delete
Name: EARLY, STEPHEN V.,
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

Title: DVP () Delete
Name: MOKRIS, MICHAEL S.,
Address: 5957 VINELAND RD., #101
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: REESE, BRADLEY R.,
Address: 5957 VINELAND RD., #101
City-St-Zip: ORLANDO, FL

Title: DT () Delete
Name: DUBBIN, CLIFFORD B.,
Address: 5957 VINELAND RD., #101
City-St-Zip: ORLANDO, FL

Title: DP () Delete
Name: HUHN, JOHN F
Address: 7251 UNIVERSITY BLVD, SUITEB 300
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: SAFFRAN, ALAN J.,
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JOHN F HUHN, MD

DP

07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date