

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05652

FILED  
Mar 15, 2010  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: EARLY, STEPHEN V.  
Address: 7251 UNIVERSITY BLVD SUITE 300  
City-St-Zip: WINTER PARK, FL 32792

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

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

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

Title: DP  
Name: HUHN, JOHN F  
Address: 7251 UNIVERSITY BLVD, SUITE B 300  
City-St-Zip: WINTER PARK, FL 32792

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

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: JOHN F HUHN, MD

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03/15/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date