

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05652

FILED
Mar 16, 2011
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

OFFICERS AND DIRECTORS:

Title: DVP
Name: BOGER, GREGORY N
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

Title: DVP
Name: MOKRIS, MICHAEL S
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

Title: DS
Name: REESE, BRADLEY R
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

Title: DT
Name: DUBBIN, CLIFFORD
Address: 7251 UNIVERSITY BLVD SUITE 300
City-St-Zip: WINTER PARK, FL 32792

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

Title: DVP
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

DP

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date