

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000090140

**Entity Name:** UNIVERSAL MEDICAL CENTRE, PA

**Current Principal Place of Business:**

13377 WEST DIXIE HWY  
N MIAMI, FL 33161

**Current Mailing Address:**

13377 WEST DIXIE HWY  
N MIAMI, FL 33161

**FEI Number:** 65-1142585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPH, SMITH DR.  
13377 W. DIXIE HWY  
N. MIAMI, FL 33161 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOSEPH, SMITH DR.  
Address        13377 W. DIXIE HWY  
City-State-Zip: N. MIAMI FL 33161

*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:** SMITH JOSEPH

**PRESIDENT**

**01/19/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date