

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V05652

**Entity Name:** UNIVERSITY BOULEVARD MEDICAL CENTER, INC.

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC1649438744**

**Current Principal Place of Business:**

7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792

**Current Mailing Address:**

7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792 US

**FEI Number: 59-3107809**

**Certificate of Status Desired: No**

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

HUHN, JOHN F  
7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792 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 DVP  
Name BOGER, GREGORY N  
Address 7251 UNIVERSITY BLVD SUITE 300  
City-State-Zip: WINTER PARK FL 32792

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

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

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

Title DP  
Name HUHN, JOHN F  
Address 7251 UNIVERSITY BLVD, SUITEB 300  
City-State-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**

**PRESIDENT**

**04/25/2016**

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

\_\_\_\_\_  
Date