## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05652

Entity Name: UNIVERSITY BOULEVARD MEDICAL CENTER, INC.

FILED
Apr 16, 2013
Secretary of State
CC6375127459

## **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 Title DVP

Name BOGER, GREGORY N Name MOKRIS, MICHAEL S

Address 7251 UNIVERSITY BLVD SUITE 300 Address 7251 UNIVERSITY BLVD SUITE 300

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

Title DS Title DT

Name REESE, BRADLEY R Name DUBBIN, CLIFFORD

Address 7251 UNIVERSITY BLVD SUITE 300 Address 7251 UNIVERSITY BLVD SUITE 300

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

Title DP Title DVP

Name HUHN, JOHN F Name SAFFRAN, ALAN J

Address 7251 UNIVERSITY BLVD, SUITEB 300 Address 7251 UNIVERSITY BLVD SUITE 300

City-State-Zip: WINTER PARK FL 32792 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 04/16/2013