

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05652

**FILED
Apr 16, 2014
Secretary of State
CC4792817394**

Entity Name: UNIVERSITY BOULEVARD MEDICAL CENTER, INC.

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

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date