



**WASHINGTON**  
**Secretary of State**  
**Corporations & Charities Division**

Filed  
Secretary of State  
State of Washington  
Date Filed: 03/13/2024  
Effective Date: 03/13/2024  
UBI #: 605 134 032

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**UNIVERSAL HEALTH INC**

UBI Number:

**605 134 032**

Business Type:

**WA PROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**5801 3RD AVE S, SEATTLE, WA, 98108-3205, UNITED STATES**

Principal Office Mailing Address:

**5801 3RD AVE S, SEATTLE, WA, 98108-3205, UNITED STATES**

Expiration Date:

**03/31/2025**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**03/14/2023**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**ANY LAWFUL PURPOSE**

REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
CAIHONG CHEN	5801 3RD AVE S, SEATTLE, WA, 98108-3205, UNITED STATES	5801 3RD AVE S, SEATTLE, WA, 98108-3205, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

Email:

**UOOYANG@YAHOO.COM**

Street Address:

**5801 3RD AVE S, SEATTLE, WA, 98108-3205, USA**

Mailing Address:

**5801 3RD AVE S, SEATTLE, WA, 98108-3205, USA**

#### GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		CAIHONG	CHEN

#### NATURE OF BUSINESS

- ANY LAWFUL PURPOSE

#### EFFECTIVE DATE

Effective Date:

**03/13/2024**

#### CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

- **No**

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

- **No**

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

- **No**

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

#### RETURN ADDRESS FOR THIS FILING

Attention:

Email:

**UOOYANG@YAHOO.COM**

Address:

**5801 3RD AVE S, SEATTLE, WA, 98108-3205, USA**

#### UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - **No**

#### AUTHORIZED PERSON

☐ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**CAIHONG**

Last Name:

**CHEN**

Title:



This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.