

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004923 (9)**  
1. Corporation Name  
**UNIVERSAL HEALTH NETWORK, INC.**

Principal Place of Business      Mailing Address  
**367 SOUTH GULPH ROAD      367 SOUTH GULPH ROAD**  
**KING OF PRUSSIA PA 19406      KING OF PRUSSIA PA 19406**

2. Principal Place of Business		2a. Mailing Address	
21	367 South Gulph Road	26	367 South Gulph Road
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State King of Prussia, PA		28 City & State King of Prussia, PA	
24	19406	25	U.S.A.
29	19406	30	U.S.A.

3. Date Incorporated or Qualified <b>11/01/1993</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>23-2745115</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the registrable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>MILLER, ALAN B</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	1.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	<b>FILTON, STEVE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	2.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>T</b>	<b>GORMAN, KIRK E</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	3.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>S</b>	<b>GILBERT, BRUCE R</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	4.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>AS</b>	<b>HEDRICK, SHERRI L</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	5.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>AT</b>	<b>LUNNEY, JOYCE M</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>367 S. GULPH ROAD</b>	6.2 NAME	
STREET ADDRESS	<b>KING OF PRUSSIA PA 19406</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or both in attachment with an address.

**SIGNATURE:**  **Bruce R. Gilbert, Secretary** 4/7/95 (610)768-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing