

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
KING OF PRUSSIA PA 19406

367 SOUTH GULPH ROAD
KING OF PRUSSIA PA 19406

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

04/14/1995

4. FEI Number

23-2745115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when the address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN B	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FILTON, STEVE	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GORMAN, KIRK E	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILBERT, BRUCE R	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HEDRICK, SHERRI L	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LUNNEY, JOYCE M	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(c), 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 on an attachment with an address.

Bruce R. Gilbert

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

(610) 768-3300

Date

Daytime Phone #

CR2E034 (12/95)