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**Mar 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F93000004923 (9)

1. Corporation Name
UNIVERSAL HEALTH NETWORK, INC.



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

Mailing Address
**367 SOUTH GULPH ROAD
KING OF PRUSSIA PA 19406-2832**

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
03/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2345 E. Prater Way	26 367 S. Gulph Rd	23-2745115	Not Applicable
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 P.O. Box 61558	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 Sparks NV	City & State 28 King of Prussia PA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 89434	Country 25 USA	Zip 29 19406-0958	Country 30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Bruce R. Gilbert* **Bruce R. Gilbert, Secretary** 3/11/97 (610) 768-3300
DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)