

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90208 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004923

1. Corporation Name
UNIVERSAL HEALTH NETWORK, INC.

Principal Place of Business 2345 E PRATER WAY SUITE 210 SPARKS NV 89434 US	Mailing Address 367 S GULPH ROAD PO BOX 61558 KING OF PRUSSIA PA 19406-0958 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/01/1993	
4. FEI Number 23-2745115	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN B	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FILTON, STEVE	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORMAN, KIRK E	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GILBERT, BRUCE R	
STREET ADDRESS	367 S. GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA PA	
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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input 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 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 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, with all other like empowered.

SIGNATURE: Bruce R. Gilbert SIGNATURE REQUIRED 4/10/99 (610) 768-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #