

2001 UNIFORM BUSINESS REPORT (UBR)

0576065

DOCUMENT # F93000004923

1. Entity Name

UNIVERSAL HEALTH NETWORK, INC.

FILED

00 JAN 17 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2745115**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: MILLER, ALAN B
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 500003575885--8
CITY-ST-ZIP: -01/26/01--01022--013
***150.00 Addition

TITLE: V
NAME: FILTON, STEVE
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA 19406 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: TD
NAME: GORMAN, KIRK E
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: SD
NAME: GILBERT, BRUCE R
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: AS
NAME: KUCH, CELESTE A
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA 19406 Delete

TITLE: Change Addition
NAME: AS Stella Bott, Celeste A. Change Addition
STREET ADDRESS: 367 S. Gulph Road
CITY-ST-ZIP: King of Prussia PA 19406

TITLE: AT
NAME: LUNNEY, JOYCE M
STREET ADDRESS: 367 S. GULPH ROAD
CITY-ST-ZIP: KING OF PRUSSIA PA 19406 Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2001 610-768-3300
Date Daytime Phone #

CR2E034 (10/00)