2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424361

City-St-Zip:

PEMBROKE PINES, FL 330251120 US

Entity Name: UNIVERSITY PHYSICIANS SUPPLY, INC.

FILED Mar 02, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NCIA AVE FABLES, FL 33	31345905 US			
Current Mailing Address:			New Mailing Address:		
	NCIA AVENUE ABLES, FL 33				
FEI Number	r: 59-1525451	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2435 HOL	RTZ, JOSEPH L LYWOOD BO OOD, FL 3302	JLEVARD			
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PDST (NABORS, WIL 9572 SW 8TH		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. NABORS PDST 03/02/2006