FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **855748** **(0)**

1. Corporation Name
UNIVERSAL HOSPITAL SERVICES, INC.

Principal Place of Business	Mailing Address
1250 NORTHLAND PLZ 3800 W 80 STR BLOOMINGTON MN 55431-4442 US	1250 NORTHLAND PLZ 3800 W 80 STR BLOOMINGTON MN 55431-4442 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1983
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 41-0760940 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MINNER, THOMAS A.	1.2 NAME	
STREET ADDRESS	2945 EVEREST LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, PAUL W.	2.2 NAME	
STREET ADDRESS	2865 BREEZY HGTS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYZATA MN 05	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOHMAN, MICHAEL W.	3.2 NAME	
STREET ADDRESS	1551 W. IDAHO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALCON HEIGHTS MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, TERRANCE D	4.2 NAME	
STREET ADDRESS	2800 NW 29TH ST UNIT 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORVALLIS OR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HUMPHRIES, SAM B	5.2 NAME	
STREET ADDRESS	7615 GOLDEN TRIANGLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	D Karen M Bohn - Piper Trust Co
STREET ADDRESS		6.3 STREET ADDRESS	222 South 9th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Minneapolis MN 55407-3804

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)(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.

SIGNATURE: Thomas W. Sullivan 4/27/95 612/893-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487434 FP