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Mar 26 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 # 855748

(0)

1. Corporation Name

UNIVERSAL HOSPITAL SERVICES, INC.



Principal Place of Business

1250 NORTHLAND PLZ
3800 W 80 STR
BLOOMINGTON MN 55431-4442
US

Mailing Address

1250 NORTHLAND PLZ
3800 W 80 STR
BLOOMINGTON MN 55431-4420
US

3. Date Incorporated or Qualified

03/09/1983

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

NOTE: Registered Agent signature required when reinstating

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MINNER, THOMAS A.
2945 EVEREST LANE
PLYMOUTH MN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
LARSEN, PAUL W.
2865 BREEZY HGTS RD
WAYZATA MN 05

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BOHMAN, MICHAEL W.
1551 W. IDAHO AVE.
FALCON HEIGHTS MN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCGRATH, TERRANCE D
2800 NW 29TH ST UNIT 1
CORVALLIS OR

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HUMPHRIES, SAM B
7815 GOLDEN TRIANGLE DR
EDEN PRAIRIE MN

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BOHN, KAREN M.
222 SOUTH 9TH STREET
MINNEAPOLIS MN

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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 as an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

3-20-97

(614) 893-3200

CR2E034 (9/96)