


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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55431-4442
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-0760940	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
				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 date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNER, THOMAS A.		1.2 NAME	DAVID E. DOVENBERG	
STREET ADDRESS	2945 EVEREST LANE		1.3 STREET ADDRESS	3800 W 80TH ST #1250	
CITY-ST-ZIP	PLYMOUTH MN		1.4 CITY-ST-ZIP	BLOOMINGTON MN 55431	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, PAUL W.		2.2 NAME	EDWARD D. YUN	
STREET ADDRESS	2885 BREEZY HGTS RD		2.3 STREET ADDRESS	ONE FEDERAL ST	
CITY-ST-ZIP	WAYZATA MN 05		2.4 CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHMAN, MICHAEL W.		3.2 NAME	GERALD L BRANDT	
STREET ADDRESS	1551 W. IDAHO AVE.		3.3 STREET ADDRESS	3800 W 80TH ST #1250	
CITY-ST-ZIP	FALCON HEIGHTS MN		3.4 CITY-ST-ZIP	BLOOMINGTON MN 55431	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, TERRANCE D		4.2 NAME	STEVE SEGAL	
STREET ADDRESS	2800 NW 29TH ST UNIT 1		4.3 STREET ADDRESS	ONE FEDERAL ST	
CITY-ST-ZIP	CORVALLIS OR		4.4 CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, SAM B		5.2 NAME	JERRY HOHN	
STREET ADDRESS	7615 GOLDEN TRIANGLE DR		5.3 STREET ADDRESS	ONE FEDERAL ST	
CITY-ST-ZIP	EDEN PRAIRIE MN		5.4 CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHN, KAREN M.		6.2 NAME		
STREET ADDRESS	222 SOUTH 9TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		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.

SIGNATURE:

David E. Dovenberg (Seal) / *David E. Dovenberg* President 4121168 602-893-3262

CR2E034 (10/97)