## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005887

Entity Name: UNIVERSAL HOSPITAL SERVICES, INC.

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3800 AMERICAN BLVD WEST SUITE 1250 BLOOMINGTON, MN 55431				7700 FRANCE AVENUE SOUTH SUITE 275 EDINA, MN 55435 US			
Current Mailing Address:				New Mailing Address:			
3800 AMERICAN BLVD WEST SUITE 1250 BLOOMINGTON, MN 55431			7700 FRANCE AVENUE SOUTH SUITE 275 EDINA, MN 55435 US				
FEI Number: 41-0760940 FEI Number Applied For ( ) FEI Number					ber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US							
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:							
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BLACKFORD, G	NBLVD WEST, SUITE 1250		Title: Name: Address: City-St-Zip:	BLACKFORE	CE AVENUE SOUTH, SUITE 275	
Title: Name: Address: City-St-Zip:	CANNIZZARO, N	NBLVD WEST, SUITE 1250		Title: Name: Address: City-St-Zip:	CANNIZARR 111 HUNTIN	(X) Change ( ) Addition tO, MICHAEL N IGTON AVENUE, SUITE 2900 A 02199 US	
Title: Name: Address: City-St-Zip:	HUMPHRIES, SA	NBLVD WEST, SUITE 1250		Title: Name: Address: City-St-Zip:	DOVENBER	CE AVENUE SOUTH, SUITE 275	
Title: Name: Address: City-St-Zip:	SD () YUN, EDWARD 3800 AMERICA BLOOMINGTON	D N BLVD WEST, SUITE 1250		Title: Name: Address: City-St-Zip:	CHESLEY, V	CE AVENUE SOUTH, SUITE 275	
Title: Name: Address: City-St-Zip:	GAPPA, JOHN A	NBLVD WEST, SUITE 1250		Title: Name: Address: City-St-Zip:	CLEVENGE	CE AVENUE SOUTH, SUITE 275	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	SCHIESL, JO	CE AVENUE SOUTH, SUITE 275	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER T. CHESLEY O 03/10/2005