2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000005887 DOCUMENT

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90847 035 ***150.00

UNIVERS								
Principal Place of Business 3800 WEST 80TH STREET. SUITE 1250 BLOOMINGTON MN 55431		Mailing Address 3800 WEST 80TH STREET, SUITE 1250 BLOOMINGTON MN 55431				(B)() BB1 (GO)		
2. Principal Place of Business		3. Mailing Address		1 18 \$110 P 1111 BAJA1 41811 BAJA1 BAJA1 BA		IOM ISO IOM		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF I	MAKING CHANGES			
City & State		City & State		4. FEl Number 41-0760940	 	oplied For		
Zip	Country	Zip	Country	25	-5 Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current Re		<u> </u>		7. Name and Address of New Regi	Fee Require	10	
			Name					
	PORATION SYSTEM ITH PINE ISLAND ROAD		Street Address		P.O. Box Number is Not Acceptable)			
	ON FL 33324							
	ON 1 C 00021		City	·		FL Zip Cod	e	
8. The above the obligat	gistered office or	registered	d agent, or both, in the State of Florida	a. I am familiar with,	and accept			
Ū	3]	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	legistered Agent signat	ure required wi	hen reinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00				• Floation Communica Finance	-i		
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of \$	State			Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND DI	RECTORS	11.	,	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME	PD DOVENBERG, DAVID E	∠ Delete	TITLE NAME	مدرا	SINFAT S A BLACKFORM	☐ Change	Addition (
STREET ADDRESS CITY-ST-ZIP	3800 WEST 80TH STREET, SUITE BLOOMINGTON MN 55431	1250	STREET ADDRESS CITY-ST-ZIP	3800	o w soft st s	cure 1250 5431		
TITLE	D	☐ Delete	TITLE	3200	TIN CION TIN 3	☐ Change	Addition	
NAME	CANNIZZARO, MICHAEL		NAME				_	
STREET ADDRESS CITY-ST-ZIP	3800 WEST 80TH STREET, SUITE BLOOMINGTON MN 55431	1250	STREET ADDRESS CITY-ST-ZIP					
TITLE	D -	Detete	HILL				Addition	
NAME STREET ADDRESS	HUMPHRIES, SAMUEL B	1050	NAME STREET ADDRESS					
CITY-ST-ZIP	3800 WEST 80TH STREET, SUITE BLOOMINGTON MN 55431	1250	CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME * STREET ADDRESS	YUN, EDWARD D	1050	NAME STREET ADDRESS					
CITY-ST-ZIP	3800 West 80th Street, Suite : Bloomington MN 55431	1200	CITY-ST-ZIP					
TITLE	VCF0	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	GAPPA, JOHN A	IOEO	NAME STREET ADDRESS		·			
CITY-ST-ZIP	3800 WEST 80TH STREET, SUITE 1 BLOOMINGTON MN 55431	1200	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		·	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12 I barabu a	portify that the information available with th	in filling place and accepts for the			ing 440 07/2VI). Florido Otatutas, I.f.:		. (

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with arreaddress, with all other like empowered.

GNATURE:

Stout True and True are presented as the following 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 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 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 10 or Block 11 if the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true.

SIGNATURE:

952-893-3200

90040666

Affachment #FOIDDDD5887

UNIVERSAL HOSPITALS SERVICES, INC.

NAME	TITLE	ADDRESS		
David E. Dovenberg	Chairman	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Gary D. Blackford	President and Chief Executive Officer	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Michael Cannizzaro	Director	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Samuel B. Humphries	Director	3800 West 80 th Street, Suite 1250 -Bloomington, MN-55431		
Steven G. Segal	Director	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Edward D. Yun	Director Secretary	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Robert H. Braun	Senior Vice President, Sales	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
John A. Gappa	Senior Vice President, Chief Financial Officer	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Jeffrey L. Singer	Senior Vice President, Purchasing, Logistics & Pricing	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Andrew R. Amicon	Senior Vice President, National Accounts & Disposable Sales	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Michael R. Johnson	Senior Vice President, Administration	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
David G. Lawson	Senior Vice President, Technology & Marketing	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Timothy R. Travis	Vice President, Equipment Lifecycle Services & Technical Services	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		
Gerald L. Brandt	Vice President, Internal Audit	3800 West 80 th Street, Suite 1250 Bloomington, MN 55431		