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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000004923 (9)

UNIVERSAL HEALTH NETWORK, INC.

Principal Place of Business							
367 SOUTH GULPH ROAD							
KING OF PRHISSIA PA 19406							

Mailing Address

367 SOUTH GUI PH ROAD

FILED Mar 18 1997 8:00am Secretary of State



KING OF PRUSSIA PA 19406		KING OF PRUSSIA PA 19406-2832						
				3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last 03/26/199	ate of Last Report /26/1996		
2. Principal Pia	ice of Business	2a. Mailing Address		4. FEI Number		Applied For		
	. Prater Way	26 367 S. Gulph Rd		23-2745115		Not Applicable		
Suile, Apr. # Suite	.etc 210	Suite, Apt # etc. P.O. Box 61558		5. Certificate of Status Desired	7	\$8.75 Additional Fee Required		
Oily & State Sparks		City & State King of Prussia PA		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 89434	Country 25 USA	Zip 29 19406~0958	Countr	*	8. This corporation has liability for Florida Statutes	intangible tax under Yes 🛣 No	r s. 199.032,	
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Re	gistered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					ne et Address (P.O. Box Number is Not Acceptable)			
PLAN	HAHUN FL 33324		83			·····		
l			84	City		FL 85 Zi	ip Code	
11. Pursuant to office or re- agent 1 an	the provisions of Sections 607.056 gistered agent, or both, in the State Hamil ar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was jations of, Section 607.0505, F	utes, the above authorized b lorida Statute	e-named co y the corpores.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing of the appointment	its registered as registered	
SIGNATURE	gridion by extorprotest name of registered ag	ent and to ill applicable (NC	OTE: Registered Ag	ent signature rec	quired when reinstating)	DATE		
12,	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	1000		
1 16 F	D	☐ DELETE	1.1 TITLE		PD	☐ Chang	e 🚹 Addition	
NAME	MILLER, ALAN B		12 NAME	- 1	Miller, Alan B.			
STREET ADDRESS	367 S. GULPH ROAD		1.3 STREE	T ADDRESS	367 S. Gulph RD			
Cdy-St-ZIP	KING OF PRUSSIA PA		1,4 CITY-	ST-ZIP	King of Prussia PA			
THLE	V CHITAN ATTUK	☐ DELETE	2.1 THLE			Chang	e Addition	
NAME .	FILTON, STEVE		2.2 NAME	- 1				
STREET ADURESS	367 S. GULPH ROAD			T ADDRESS				
CITY-ST-70	KING OF PRUSSIA PA 19406	DELETE	2. 4 CITY	ST - ZIP		Chance	a Addition	
TILE	GORMAN, KIRK E	C) DELETE	3.1 TITLE	ļ	TD	Chang	ge 🖈 Addition	
NAME STREET ADDRESS	367 S. GULPH ROAD		3 2 NAME	T ADDRESS	Gorman, Kirk E.			
COTY ST-7IP	KING OF PRUSSIA PA		3.4 CITY-	1	367 S. Gulph RD King of Prussia PA			
TITE	D	DELETE	4.1 TITLE	31-ZIF	SD SD	Chang	e K Addition	
NAME	GILBERT, BRUCE R		4. 2 NAME		Gilbert, Bruce R.			
STREET ACURESS	367 S. GULPH ROAD			T ADDRESS	367 S. Gulph RD			
City - S1 - ZiF	KING OF PRUSSIA PA		4.4 CITY -		King of Prussia	PA		
titif	AS	DELETE	5.1 TITLE			☐ Chang	je 🔲 Addition	
NAME	HEDRICK, SHERRI L		5.2 NAME					
STREET ADDRESS	367 S. GULPH ROAD		53 STREE	T ADDRESS				
CITY - ST - ZIP	KING OF PRUSSIA PA 19408	<u> </u>	5.4 CITY-	ST-ZIP				
\IFLE	AT	☐ DELETE	6.1 TITLE			Chang	e Addition	
NAME	LUNNEY, JOYCE M		6.2 NAME	ļ				
STREET ADDRESS	367 S. GULPH ROAD		63 STREE	T ADDRESS				
CITY-ST ZIP	KING OF PRUSSIA PA 19406	,	6.4 CITY -	ST-ZIP				

14. Edo 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 and dated 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 B or on an attachment with an address.

SIGNATURE:

Bruce R. Gilbert, Secretary OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(610)768-3300

Daytin is Phone #