**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:43

DOCUMENT # **J52997** **(0)**

1. Corporation Name
**UNIVERSAL CARE CENTERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P. O. BOX 3390<br>HALLANDALE FL 33308-3390 | P. O. BOX 3390<br>HALLANDALE FL 33308-3390 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1987
3a. Date of Last Report: 04/29/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. Box 5208 | 26 P.O. Box 5208 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Ft. Lauderdale, FL | City & State<br>28 Ft. Lauderdale, FL |
| Zip / Country<br>24 33310-5208 25 US | Zip / Country<br>29 33310-5208 30 US |

4. FEI Number: 59-2773067 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PDC | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | ROSENBERG, RALPH | 12 NAME | | |
| STREET ADDRESS | 1800 N.E. 114TH STREET, #7910 | 13 STREET ADDRESS | N/A - remove | |
| CITY-ST-ZIP | MIAMI FL 33181 | 14 CITY-ST-ZIP | | |
| TITLE | V | 21 TITLE | D.P | ☒ Change ☐ Addition |
| NAME | GUTHRIE, WILLIAM | 22 NAME | GUTHRIE, WILLIAM | |
| STREET ADDRESS | 1250 EAST HALLANDALE BEACH BLVD., STE. 700 | 23 STREET ADDRESS | 1663 N. ATLANTIC BLVD. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | 24 CITY-ST-ZIP | FT. LAUDERDALE, FL 33305 | |
| TITLE | V | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | BROWN, JAMES | 32 NAME | | |
| STREET ADDRESS | 1250 EAST HALLANDALE BEACH BLVD., STE. 700 | 33 STREET ADDRESS | N/A - remove | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | 34 CITY-ST-ZIP | | |
| TITLE | S | 41 TITLE | | ☒ Change ☐ Addition |
| NAME | BROWN, MORRIS C | 42 NAME | | |
| STREET ADDRESS | 222 LAKEVIEW AVENUE, SUITE 800 | 43 STREET ADDRESS | N/A - remove | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** X _____ 3/31/95 305 938-3770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
William Guthrie

04222574 FP