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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 14 1996 8:00 am  
Secretary of State

DOCUMENT # J52997 (0)

1. Corporation Name

UNIVERSAL CARE CENTERS, INC.

Principal Place of Business

PO BOX 5208  
FT LAUDERDALE FL 33310  
US

Mailing Address

PO BOX 5208  
FT LAUDERDALE FL 33310  
US

3. Date Incorporated or Qualified

01/13/1987

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent, in this space only.

(Print Name of Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDC

ROSENBERG, RALPH

1800 N.E. 114TH STREET, #7910

MIAMI FL 33181

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DP

GUTHRIE, WILLIAM

1663 N ATLANTIC BLVD

FT LAUDERDALE FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

BROWN, JAMES

1250 EAST HALLANDALE BEACH BLVD., STE. 700

HALLANDALE FL 33009

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

BROWN, MORRIS C

222 LAKEVIEW AVENUE, SUITE 800

WEST PALM BEACH FL 33401

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

561-1169

CR2E034 (12/95)