

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90011 021 \*\*\*550.00

DOCUMENT # **K95816**

1. Entity Name  
**UNIVERSAL MEDICAL CONCEPTS, INC.**

*(LA)*

Principal Place of Business      Mailing Address  
**2780 GATEWAY DRIVE**                      **2780 GATEWAY DRIVE**  
**POMPANO BEACH FL 33069**                      **POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State

Zip      Country                      Zip      Country

4. FEI Number      Applied For  
**65-0620179**                       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PALENZUELA, ROBERTO L**  
**2780 GATEWAY DRIVE**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent  
 Name      **CHRISTOPHER Harkins**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2780 GATEWAY DRIVE**  
 City      **POMPANO BEACH**      FL      Zip Code **33069**

8. 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 *[Signature]*      Secy. & Treas.      DATE **9-12-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
(See Criteria on back)      **After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State.**      10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD NAGER, BRUCE</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STRIKOWSKI, JACOB</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PALENZUELA, ROBERTO L</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HAWKINS, CHRISTOPHER T</b> <b>4101 RAVENSWOOD ROAD #116</b> <b>DANIA FL 33312</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZARET, BRUCE M.D.</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSER, MARK M M.D.</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH FL 33069</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.T. CHRISTOPHER HARKINS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S. SCHWARTZ, HARVEY MD</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D. YOUNKER, KURT</b> <b>2780 GATEWAY DRIVE</b> <b>POMPANO BEACH, FL 33069</b>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      Date **9-12-01**      Daytime Phone # **954 956 9700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

Attachment  
979380

September 12, 2001

Via Overnight Delivery

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl 32399

**Regarding Timely Filing of 2001 Uniform Business Report**

Please consider this as a timely filing for the 2001 Uniform Business Report, due September 12, 2001 for:

Corporation: UNIVERSAL MEDICAL CONCEPTS, INC

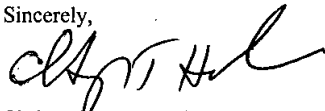
Document #: K 95816

Due to the unfortunate national tragedy of the attacks on New York and Washington and the resulting shutdown of the transportation system, we were unable to send this report on September 11, 2001 via overnight delivery for a timely receipt by September 12, 2001.

Additionally, attempts to file this electronically via the internet at [www.sunbiz.org](http://www.sunbiz.org) were unsuccessful on September 12, 2001 with the message given that this site was either "unavailable" or "experiencing technical difficulties".

Thank you for your cooperation and understanding.

Sincerely,



Christopher T. Harkins  
Exec VP & CFO

Encl: 2001 Uniform Business Report