

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

FILED
May 16 1997 8:00am
Secretary of State

DOCUMENT # L60561 (2)

1. Corporation Name
UNIVERSAL HEALTH COMMUNICATIONS, INC.



Principal Place of Business
THE COLONIAL CENTER
1200 S FEDERAL HIGHWAY, SUITE 202
BOYNTON BEACH FL 33435
US

Mailing Address
THE COLONIAL CENTER
1200 S FEDERAL HIGHWAY, SUITE 202
BOYNTON BEACH FL 33435-6043
US

3. Date Incorporated or Qualified 03/28/1990	3a. Date of Last Report 09/23/1996
4. FEI Number 94-3009902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WESLEY-VEGA, SUSAN L
THE COLONIAL CENTER
1200 S FEDERAL HIGHWAY, SUITE 202
BOYNTON BEACH FL 33435

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPATHEODOROU, NOREEN H	1.2 NAME	
STREET ADDRESS	1735 LANDS END ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPATHEODOROU, CHRIS	2.2 NAME	
STREET ADDRESS	1735 LANDS END ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPATHEODOROU, ANDREAS	3.2 NAME	
STREET ADDRESS	450 S. OCEAN BLVD, #205B	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPATHEODOROU, MARA	4.2 NAME	
STREET ADDRESS	450 S. OCEAN BLVD, #205B	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN FL 33462	4.4 CITY-ST-ZIP	
TITLE	OV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY-VEGA, SUSAN	5.2 NAME	
STREET ADDRESS	1200 S. FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 _____

CR2E034 (9/96)