

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L60561 (2)**  
 1. Corporation Name  
**UNIVERSAL HEALTH COMMUNICATIONS, INC.**



Principal Place of Business <b>THE COLONIAL CENTER 1200 S FEDERAL HIGHWAY, SUITE 202 BOYNTON BEACH FL 33435 US</b>	Mailing Address <b>THE COLONIAL CENTER 1200 S FEDERAL HIGHWAY, SUITE 202 BOYNTON BEACH FL 33435 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/28/1990</b>
21	26	4. FEI Number <b>94-3009902</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WESLEY-VEGA, SUSAN L THE COLONIAL CENTER 1200 S FEDERAL HIGHWAY, SUITE 202 BOYNTON BEACH FL 33435</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPATHEODOROU, NOREEN H</b>	1.2 NAME	
STREET ADDRESS	<b>1735 LANDS END ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN FL 33462</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPATHEODOROU, CHRIS</b>	2.2 NAME	
STREET ADDRESS	<b>1735 LANDS END ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN FL 33462</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPATHEODOROU, ANDREAS</b>	3.2 NAME	
STREET ADDRESS	<b>450 S. OCEAN BLVD, #205B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN FL 33462</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPATHEODOROU, MARA</b>	4.2 NAME	
STREET ADDRESS	<b>450 S. OCEAN BLVD, #205B</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANALAPAN FL 33462</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 reports 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0333969**

CR2E034 (10/97)