

0079405

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60561

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
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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

FILED
00 FEB 28 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-18
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1990

4. FEI Number
94-3009902

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 owes the current year Intangible Personal Property.
Yes No

10. Name and Address of New Registered Agent
81 Name
CHRISTOS A. PAPATHEODOROU, MD
82 Street Address (P.O. Box Number is Not Acceptable)
THE COLONIAL CENTER
83
1200 S. FEDERAL HIGHWAY SUITE 202
84 City
BOYNTON BEACH FL 85 Zip Code
33435

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 and title if applicable
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	PAPATHEODOROU, NOREEN H	1.2 NAME	
STREET ADDRESS	1735 LANDS END ROAD	1.3 STREET ADDRESS	300003161463--6
CITY-ST-ZIP	MANALAPAN FL 33462	1.4 CITY-ST-ZIP	-03/08/00--01012--018
TITLE	PD	2.1 TITLE	****300.00 ****300.00
NAME	PAPATHEODOROU, CHRISTOS A.	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	
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	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 of 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 or on an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10-22-99 54731-5881
Date Daytime Phone #

CR2E034 (5/99)