

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90026 021 \*\*\*150.00

DOCUMENT # P01000090140



Entity Name

UNIVERSAL MEDICAL CENTRE, PA

Principal Place of Business  
 13377 WEST DIXIE HWY  
 MIAMI FL 33161

Mailing Address  
 13377 WEST DIXIE HWY  
 N MIAMI FL 33161

54034180



MOORE CR2E034 (11/03)

1. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1142585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, JOSEPH DR. 2779 S.W. 126 WAY MIRAMAR FL 33027		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME SMITH, JOSEPH DR.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2779 S.W. 126 WAY	CITY-ST-ZIP MIRAMAR FL 33027	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* - SMITH JOSEPH, DO *[Date]* 305-8938306 *[Phone]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #