
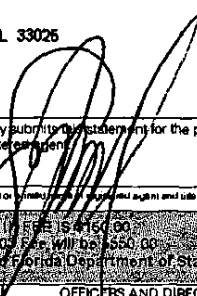
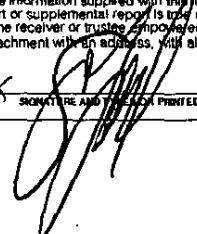


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100090140		
1. Entity Name UNIVERSAL MEDICAL CENTRE, PA		
Principal Place of Business 13377 WEST DIXIE HWY N MIAMI, FL 33161		Mailing Address 13377 WEST DIXIE HWY N MIAMI, FL 33161
2. Principal Place of Business <i>13377 W. Dixie Hwy</i>		3. Mailing Address <i>13377 W. Dixie Hwy</i>
City & State <i>N. Miami FL</i>		City & State <i>N. Miami FL</i>
Zip <i>33161</i>		Zip <i>33161</i>
Country		Country
4. FEI Number 65-1142585		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH, JOSEPH DR. 11779 SW 16 ST. PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name: <i>Joseph Smith Dr</i> Street Address (P.O. Box Number is Not Acceptable): <i>2779 SW 126 Way</i> City: <i>Miramar</i> FL Zip Code: <i>33027</i>
8. The above named entity submits the 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: 		DATE: <i>4/25/03</i>
FILE NOW! FEE IS \$150.00 After May 1, 2003, fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SMITH JOSEPH DR. 11779 SW 16 ST. PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Joseph Smith Dr 2779 SW 126 Way Miramar FL 33027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), 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: 		DATE: <i>4/25/03</i>
SIGNATURE AND TITLE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

11032333



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

305-893-8309