

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90003 050 ***150.00

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DOCUMENT # P01000121766 1. Entity Name UNIVERSAL HEALTHCARE MANAGEMENT SYSTEMS, INC.																																																																																																																																																											
Principal Place of Business 14614 SW 174 TERR MIAMI, FL 33177			Mailing Address 14614 SW 174 TERR MIAMI, FL 33177																																																																																																																																																								
2. Principal Place of Business 3801 N. UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 317		3. Mailing Address Suite, Apt. #, etc. 																																																																																																																																																									
City & State SUNRISE, FL		City & State 																																																																																																																																																									
Zip 33351		Country BROWARD		4. FEI Number 01-0626963																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent HANKIN, KENNETH N 14614 SW 174 TERR MIAMI, FL 33177			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
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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: KENNETH N. HANKIN 1/9/04 954-748-3322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											