

04-22-05

3:54pm

From: JOHNSON, POPE, BOKER, ROPPEL &amp; BURNS, P.A.

7274418-17

T-884

P-0102

F-062

# P01000121766

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000100824 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, ROPPEL & BURNS, P.A.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

RECEIVED

05 APR 22 PM 3:59

DIVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

UNIVERSAL HEALTHCARE MANAGEMENT SYSTEMS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

05 APR 22 PM 4:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

RA Change

04/22/05

DC

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent or both, in the State of Florida.

1. The name of the corporation: Universal Healthcare Management Systems, Inc.
2. The principal office address: 205 South Myrtle Avenue, Clearwater, FL 33756
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/26/2001 Document number: P01000121766
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kenneth N. Hankin  
14814 SW 174 Terrace  
Miami, FL 33177


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael T. Cronin, Esq.  
911 Chestnut Street  
 (P.O. Box NOT acceptable)  
Clearwater, FL 33756

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 APR 22 PM 4:29

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 (Signature of an officer or director)

President  
 (Printed or Typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 (Signature of Registered Agent)

4-22-05  
 (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
 (Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(H05000100824 3)