## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000068175  1. Entity Name UNIVERSAL HEALTH NETWORK CORP.						03-18-200	5 90061	038 ***15	50.00
Principal Plac	e of Business	Mailing Address			1				
7200 NW 7TH ST., SUITE 310 MIAMI, FL 33126		7200 NW 7TH ST., SUITE 310 MIAMI, FL 33126		20022413					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02212005	Chg-P	· CR2E	034 (10/03)	
City & State		City & State			4. FEI Number Applied For 20 - 1047052 Not Applied ble				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered	Agent	
SARDUY;;OSVALDO				Name					
7200 NW 7TH ST., SUITE 310 MIAMI, FL' 33126				Street Address (P.O. Box Number is Not Acceptable)					
			1						
			(	City			FI	Zip Code	9
8. The above	named entity submits this statement for	r the purpose of changing its	registered o	office or register	ed agent, or bot	h, in the State of F	lorida. Lan	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	gent signature required	when reinstating)		DATE		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agr	gent signature required	d when reinstating)	•	DATE		
FIL	Signature, lyped or printed name of registered agent  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai	gn Financin	ng _ \$5.	.00 May Be ed to Fees	·	DATE		
FIL	Signature, typed or printed name of registered agent	9. Election Campai Trust Fund Contr	gn Financin	ng _ \$5.	.00 May Be ed to Fees	CHANGES TO OF	·	D DIRECTORS	S IN 11
FIL After M.	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr	gn Financin ibution.	ng _ \$5.	.00 May Be ed to Fees	CHANGES TO OF	·		S IN 11
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12. I hereby certify that the information sopplement 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 subplementary port 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 received or makes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/2005 (786) 306-004)