


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 015 ***150.00

DOCUMENT # P05000154205			
1. Entity Name UNIVERSAL MEDICAL SPECIALISTS, P.A.			
Principal Place of Business 500 VONDERBURG DRIVE SUITE 115-W BRANDON FL 33511		Mailing Address 500 VONDERBURG DRIVE SUITE 115-W BRANDON FL 33511	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HEDRICK, JERRY L MD 500 VONDERBURG DRIVE SUITE 115-W BRANDON FL 33511		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E034 (10/05)

4. FEI Number 20-3980723	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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 President <input type="checkbox"/> Delete	NAME J. L. Hedrick, MD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 503 TOMAHAWK, TRL	CITY-ST-ZIP BRANDON, FL 33511	STREET ADDRESS	
TITLE KATHYLEEN HEDRICK <input type="checkbox"/> Delete	NAME KATHYLEEN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 503 TOMAHAWK TRL	CITY-ST-ZIP BRANDON, FL 33511	STREET ADDRESS	
TITLE secretary <input type="checkbox"/> Delete	NAME KATHYLEEN HEDRICK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 503 TOMAHAWK TRL	CITY-ST-ZIP BRANDON, FL 33511	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/18/06

Daytime Phone #