

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:40

DOCUMENT # P94000038641 (4)

1. Corporation Name

UNIVERSAL MANAGED HEALTH CARE, INC.

Principal Place of Business

6248 MIRAMAR PARKWAY  
MIRAMAR FL 33023

Mailing Address

6248 MIRAMAR PARKWAY  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

4. FEI Number

65-0492748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRAUSE, PETER A  
7770 W. OAKLAND PARK BLVD.  
SUITE 470  
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEPE, HARRY N JR.
STREET ADDRESS	6248 MIRAMAR PARKWAY
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	1.1 TITLE	PRESIDENT
NAME	1.2 NAME	HARRY N. PEPE III, MD
STREET ADDRESS	1.3 STREET ADDRESS	6248 MIRAMAR PARKWAY
CITY-ST-ZIP	1.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	2.1 TITLE	VICE PRES, SEC, TREAS.
NAME	2.2 NAME	WILLIAM PEPE
STREET ADDRESS	2.3 STREET ADDRESS	6248 MIRAMAR PARKWAY
CITY-ST-ZIP	2.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	3.1 TITLE	
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  Change  Addition

1.2 NAME HARRY N. PEPE III, MD

1.3 STREET ADDRESS 6248 MIRAMAR PARKWAY

1.4 CITY-ST-ZIP MIRAMAR, FL 33023

2.1 TITLE VICE PRES, SEC, TREAS.  Change  Addition

2.2 NAME WILLIAM PEPE

2.3 STREET ADDRESS 6248 MIRAMAR PARKWAY

2.4 CITY-ST-ZIP MIRAMAR, FL 33023

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: X

WILLIAM PEPE, VP, SEC, TREAS

X 1/31/95 (305) 981-4811