

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000038641 (4)**

1. Corporation Name

UNIVERSAL MANAGED HEALTH CARE, INC.



Principal Place of Business

Mailing Address

6248 MIRAMAR PARKWAY
MIRAMAR FL 33023

6248 MIRAMAR PARKWAY
MIRAMAR FL 33023

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

03/13/1995

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

10. Name and Address of New Registered Agent

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

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 or incorporator

DATE Registered Agent signature required when first state

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P**
PEPE, HARRY N. I
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY- ST- ZIP **MIRAMAR FL**

TITLE DELETE
NAME **VPST**
PEPE, WILLIAM
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY- ST- ZIP **MIRAMAR FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM PEPE

5/6/96
DATE

954-481-4811
TELEPHONE NUMBER

CR2E034 (12/95)