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**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P94000038641 (4)

## FILED Apr 06 1998 8:00am Secretary of State

UNIVERSAL MANAGED HEALTH CARE, INC.					
•	ce of Business	Mailing Address		L IARIYEEN ING INNI BIENI BENIT BENIT EENIT BENIT BENI	0 (11) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6248 MIRAMAR PARKWAY 6248 MIRAMAR PARKWA MIRAMAR FL 33023 MIRAMAR FL 33023			WAY		
Man Aramonia 1.2	r ootes	MINIMAN FL 99989		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 05/19/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
H .		26		65-0492748	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
3	ie.	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
4]	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	ed Agent
	rause, peter a		81 Name		
	770 W. OAKLAND PARK BLVD.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	UITE 470			· · ·	
SU	UNIRISE FL 33351		83		
			84 City		85 Zip Code
4 Durement	to the provisions of Castions 607.05	02 and 607 1509. Florida Sta	tutos, the above named so		
office or r	registered agent, or both, in the Stat	te of Florida. Such change wa	as authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	appointment as registered
	am tamiliar with, and accept the obli	gations of, Section 607.0505,	Florida Statutes.		
SIGNATURE	Signature, typod or printed name of registered a	gent and title if applicable. (N	NOTE: Registered Agent signature req	quired when reinstating) DATE	<u> </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
1171 E	1 - P	DC: CTC			
III LE	DECE HADDUAL	☐ DELETE	1.1 TITLE		Change Addition
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