## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400038641

1. Corporation Name

UNIVERSAL MANAGED HEALTH CARE, INC.

Principal Plac	ce of Business	Mailing Address							
6248 MIRAMAR		6248 MIRAMAR PARI							
MIRAMAR FL 3	33023	MIRAMAR FL 33023				DO NOT W	VRITE IN THIS	SPACE	
		•				3. Date Incorporated or Qualit	<u>.</u>	J. 71J_	
		•	-			05/19/1994			
2. Principal F	Place of Business	2a. Mailing Address	s			4. FEI Number			Applied For
21	•	26				65-0492748		.	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	lc.				, _	\$8.7	5 Additional
22		27				5. Certifcate of Status Desired	i 🗆	Fee	Required
City & Star	te	City & State				6. Election Campaign Financia	ng 🗆	\$5.0	<b>00</b> May Be
23		28				Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip ·	Cour	ntry		8. This corporation owes the o	current year Int		
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agent		81 N		10. Name and Address of Ne	w Registered	Agent	
KRA	USE, PETER A	to displayed the first		ווס ווס	ame				•
	O W. OAKLAND PARK BLVD.			82 SI	reet Addres	ss (P.O. Box Number is Not Acce	eptable)		
	TE 470		-	-				<u> </u>	14 4 40 1 1 41 1 1 1 1 1 1 1 1 1 1 1 1 1
	IRISE FL 33351			83				19 757	
			Ī	84 C	ty		<del></del>	85 Z	ip Code
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office or r	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, Florida tate of Florida. Such change	statutes, the ab	ove-na by the	med corpor corporation	ration submits this statement for i i's board of directors. I hereby ac	the purpose of scept the appoin	changing ntment as	its registered registered
	im familiar with, and accept the ot								
SIGNATURE							DATE .		
12.	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered A	Adent sich	eture required w				
TITLE		AND DIRECTORS	12					D DIREC	TODS IN 12
NAME	r =	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO			
- UTIL	P	S AND DIRECTORS	TE 1.1 TIT	LE				D DIREC	
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14. I hereby certify that the information supplied with 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 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, with at other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90066 035 \*\*\*150.00

CR2E034 (11/98)