
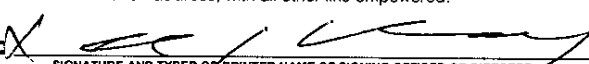


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90472 005 ***150.00

DOCUMENT # P94000052133 1. Entity Name UNIVERSAL FAMILY MEDICAL CENTER, P.A.					
Principal Place of Business 1300 NW 17TH AVE STE 1118 DELRAY BEACH, FL 33445			Mailing Address PO BOX 7655 DELRAY BEACH, FL 33484		
2. Principal Place of Business 601 N. CONGRESS AVE.		3. Mailing Address 			
Suite, Apt. #, etc. SUITE 408		Suite, Apt. #, etc. 			
City & State DELRAY BEACH FL		City & State 			
Zip 33445		Country USA		4. FEI Number 65-0505431	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OKO, NNACHI L 2200 LAKE IDA RD. DELRAY BEACH, FL 33445				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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D OKO, NNACHI L 2200 LAKE IDA RD. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 			4/27/05 561-276-1722 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					