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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

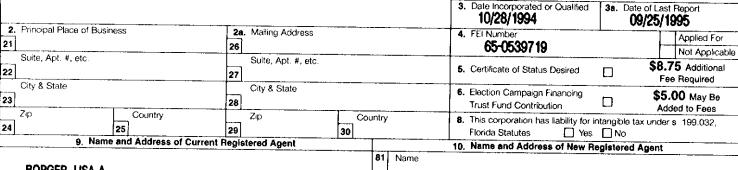
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name	P94000079747 (9)	
UCH SPECIALISTS (CORP.	
Principal Place of Business	Mailing Address	
4901 S UNIVERSITY DR. DAVIE FL	4801 S UNIVERSITY DR. Davie Fl	
Principal Place of Business	2a. Mailing Address	



BORGER, LISA A 4801 S.UNIVERSITY DR STE. 212 DAVIE FL 33328

	81 Name								
	2 Street Address (P.O. Box Number is Not Acceptable)								
	3								
	4 City S Zip Code								
Institute Oxford Ave. 10 and									

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12.	Signature, typed or printed name of registered agent and title if applicable (NO OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating: 13. ADDITIONS/CHANG		DATE	
TITLE	PS DELETE		1. 1 TITLE	ADDITIONS/OFFANGES TO	NS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BORGER, LISA		12 NAME		☐ Change	Addition
STREET ADDRESS	4801 S UNIVERSITY DR		1.3 STREET ADDRESS			
CITY-S1-ZIP	DAVIE FL		1.4 CITY-ST-ZIP			
THILE	D	DELETE	2. 1 TITLE		[] (h	Con Assert
NAME	BORGER, FRED	G	2.2 NAME		☐ Change	Addition
TREET ADDRESS	4801 S UNIVERSITY DR.		2.3 STREET ADDRESS			
::17 - \$1 - 7IP	DAVIE FL		24 CITY-ST-ZIP			
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TREET ADDRESS			3.3. STREET ADDRESS			
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LTE		☐ DELETE	6 1 TITLE		Change	☐ Addition
AME			6 2 NAME		La onange	
TREET ADDRESS			63 STREET ADDRESS			
T/ DT 3/0			.			

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 cath; that I am an officer or director of the corporation of 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 charges or of an attaching it with an address.

SIGNATURE: SIGNATURE AND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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