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FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000008927

1. Corporation Name
UNIVERSAL PREVENTIVE HEALTH CARE CENTER CORP

Principal Place of Business
5535 NW 7 AVE
MIAMI FL 33127

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02-02-1995

2. Principal Place of Business
21: 5973 SW 42 STREET
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FL
Zip 24: 33155 Country 25: USA

2a. Mailing Address
26: 5973 SW 42 STREET
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33155 Country 30: USA

4. FEI Number: 65-0555389 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MANUEL E. MENENDEZ
5573 NW 7 AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent
81 Name: MANUEL E. MENENDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 5973 SW 42 STREET
83: [redacted]
84 City: MIAMI FL 65 Zip Code: 33155

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: MANUEL E MENENDEZ 04/27/98
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/S/D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANUEL E. MENENDEZ	1.2 NAME	
STREET ADDRESS	5973 SW 42 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE V/D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARY S NOGUEIRAS	2.2 NAME	
STREET ADDRESS	989 NW 156 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002540318 FE 5.28
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/98--01015--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***158.75

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.

SIGNATURE: MANUEL E. MENENDEZ PRESIDENT 305 661.2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)