

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

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90021 038 \*\*\*558.75

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>1999</b>			
1. Corporation Name <u>P95000019838</u>			
UNIVERSAL HEALTHWATCH, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	987 Hillsboro Mile	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Hillsboro Beach, FL	28	
Zip	Country	Zip	Country
24	33062	25	USA
29		30	
9. Name and Address of Current Registered Agent			
Diane Trainor 9200 S. Dadeland Blvd., #700 Miami, FL 33156			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
FL			
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	11 TITLE	Change Addition
CITY-ST-ZIP	CITY-ST-ZIP	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
14. I do 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: <u>William Childs</u> 888-964-2457			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
William Childs, President			

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CR2E034 (9/96)