


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000056660 (0)**
1. Corporation Name
UNIVERSAL HEALTHCARE NETWORK, INC.



Principal Place of Business 424 N PARK AVENUE APOPKA FL 32712 US	Mailing Address 424 N PARK AVENUE APOPKA FL 32712 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3326152	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DR. AOLAI	1.2 NAME	(ADLAI)
STREET ADDRESS	424 N PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, DR. JOEL	2.2 NAME	
STREET ADDRESS	201 N WYMORE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLONEL, KENT	3.2 NAME	
STREET ADDRESS	482 W CENTRAL PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINMAN, DR. ROBIN	4.2 NAME	Treasurer
STREET ADDRESS	3185 S CONWAY ROAD	4.3 STREET ADDRESS	Schauder, Ellis, Dr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	501 S. Goldenrod Road
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Orlando, FL 32822
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 _____ 2/14/98 402-996-0611

CR2E034 (10/97)