FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT May 04 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000020675 (9) UNIVERSAL HOSPITAL SUPPLY CORP. Principal Place of Business Mailing Address 1700 NW 1711 OT. 4700 NW 97H 67 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Busines Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agen Name GARRIA: MARIO M MARCOS A 4700 NW 7TH ST. Street Add **SUITE 495** 83 MAMI FL 93128... 84 City 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 protest name of registered agent and little if applicable (NOTE: Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME 11285 NW-7TH-ST. #202 STREET ADDRESS 1.3 STREET ADDRESS MIAMI PL 33172 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP his fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information what it port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Lor tylstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fillinindicated on this annual report or supplemental applical r officer or director of the corporation as the race Block 12 or Block 13 if change and an artist