

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

FILED
Jun 10 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 # P97000107472
1. Corporation Name
Universal Medical Corporation

Principal Place of Business
S. Fla.

Mailing Address
2520 N.E. 214 Street
Miami, FL, 33180-1052

2. Principal Place of Business 21 <u>S. Fla.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>Suite, Apt. #, etc.</u> City & State 27 Zip 28 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
December 22, 1997

4. FEI Number
65-0800572

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

81 Name
Morten M. Cohen

82 Street Address (P.O. Box Number is Not Acceptable)
2520 N.E. 214 Street

83

84 City
Miami

85 Zip Code
FL 33180

10. Name and Address of New Registered Agent

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 Morten M. Cohen Pres. & CEO
Signature typed in printed form of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<u>Sandra Lee Cohen</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>2520 N.E. 214 Street</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>Miami, FL, 33180-1052</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<u>President & CEO</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<u>Morten M. Cohen</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>2520 N.E. 214 Street</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>Miami, FL, 33180-1052</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<u>400002556764</u>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>-06/11/98--01046--052</u>

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: Morten M. Cohen Pres. & CEO 4/27/98 305 785-7682

CR2E034 (10/97)