2002 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P97000107472

1. Entity Name

Universal Medical Corporation

FILED
00 SEP 11 AM 9:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
PO Box 1541 Winterpark FL 32790	PO Box 1641 Winterpark FL 32790-1541

7/24/00 900015/024 $78.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0800572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Cohen, Morten M PO Box [redacted] 1541 Winter Park FL 32790-1541	6901 Compass Ct. Orlando, FL, 32810

eptable)

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its register e of Florida.

SIGNATURE M. Cohen 06/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secretary~~ Managing Director ☐ Change ☑ Addition Cohen, Isaac PO Box 1541 Winter Park, FL, 32790-1541
VP Cohen, Sandra Lee 2520 N.E. 214 street N.M.B. FL 33180-1052			
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6901 Compass Ct. Orlando, FL 32810 ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & CEO Cohen, Morten M. 6901 Compass Ct Orlando, FL, 32810 ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

CR2E034 (9/99)

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Cohen M. Cohen 6/25/00 305 632 7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #