

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098742

1. Entity Name

UNIVERSAL HEALTH ONLINE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90146 013 ***150.00

Principal Place of Business

Mailing Address

1735 LANDS END ROAD
 MANALAPAN FL 33462

1735 LANDS END ROAD
 MANALAPAN FL 33462-4759

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

650960192

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name Andreas Papatheodorou

Street Address (P.O. Box Number is Not Acceptable)

1735 Lands End Rd.

City Manalapan

FL

Zip Code 33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Andreas Papatheodorou (Andreas Papatheodorou)

4/26/00

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

TITLE PD ☐ Delete
 NAME PAPATHEODOROU, CHRISTOS
 STREET ADDRESS 1735 LANDS END ROAD
 CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD ☐ Delete
 NAME HALL, MARK
 STREET ADDRESS 1735 LANDS END ROAD
 CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD ☐ Delete
 NAME PAPATHEODPROU, ANDREAS
 STREET ADDRESS 1735 LANDS END ROAD
 CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ Delete
 NAME SAMMONS, GREG
 STREET ADDRESS 1735 LANDS END ROAD
 CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
 NAME ROUMELIOTIS, PAUL
 STREET ADDRESS 1735 LANDS END ROAD
 CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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:

Andreas Papatheodorou, Andreas Papatheodorou

4/26/00

561-582-2942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)