

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:16

DOCUMENT # S27934 (6)

1. Corporation Name

UNIVERSAL HEALTH CARE DISTRIBUTORS, INC.

Principal Place of Business

2501 N. ORANGE AVE.
SUITE 201
ORLANDO FL 32804

Mailing Address

2501 N. ORANGE AVE.
SUITE 201
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1991

3a. Date of Last Report

02/15/1994

4. FEI Number

59-3051170

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M.
430 N. MILLS AVE.
ORLANDO FL 32803

81 Name

Roy M. Ambinder, M.D.

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

2501 N. Orange Ave., Suite 201

83

84 City

Orlando

FL

85 Zip Code

32804

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Roy M. Ambinder

ROY M. AMBINDER PRES

5-22-95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME AMBINDER, ROY M., M.D.
STREET ADDRESS 2501 N. ORANGE AVE. #201
CITY-ST-ZIP ORLANDO FL

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME AMBINDER, ROY M., M.D.
STREET ADDRESS 2501 N. ORANGE AVE. #201
CITY-ST-ZIP ORLANDO FL

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Roy M. Ambinder

ROY M. AMBINDER

5/13/95

(Signature typed or printed name of signing officer or director)

Title

Daytime Phone #