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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>V05652</b> (5)			
1. Corporation Name <b>UNIVERSITY BOULEVARD MEDICAL CENTER, INC.</b>			
Principal Place of Business 5957 VINELAND ROAD SUITE 101 ORLANDO FL 32819		Mailing Address 5957 VINELAND ROAD SUITE 101 ORLANDO FL 32819	
2. Principal Place of Business		2a. Mailing Address	
21	7251 University Blvd	26	7251 University Blvd
Suite, Apt. #, etc. 22 Suite 300		Suite, Apt. #, etc. 27 Suite 300	
City & State 23 Winter Park, FL		City & State 28 Winter Park, FL	
24	32792	25	USA
29	32792	30	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEE, STEVEN DEAN, MEAD, EGERTON, ET AL 800 N. MAGNOLIA AVE. STE. 1500 ORLANDO FL 32802		81 Name Stephen V. Early 82 Street Address (P.O. Box Number is Not Acceptable) 7251 University Blvd 83 Suite 300 84 City Winter Park FL 85 Zip Code 32792	
11. Pursuant to the provisions of Sections 607.012 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: <i>[Signature]</i>		DATE: 4-17-95	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLY, STEPHEN V.	1.2 NAME	
STREET ADDRESS	1140 S. SEMORAN BLVD., #A	1.3 STREET ADDRESS	7251 University Blvd Suite 300
CITY, ST, ZIP	ORLANDO FL	1.4 CITY, ST, ZIP	Winter Park, FL 32792
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOKRIS, MICHAEL S.	2.2 NAME	John F. Huhn
STREET ADDRESS	5957 VINELAND RD., #101	2.3 STREET ADDRESS	7251 University Blvd Suite 300
CITY, ST, ZIP	ORLANDO FL	2.4 CITY, ST, ZIP	Winter Park, FL 32792
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, BRADLEY R.	3.2 NAME	
STREET ADDRESS	5957 VINELAND RD., #101	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	3.4 CITY, ST, ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBIN, CLIFFORD B.	4.2 NAME	
STREET ADDRESS	5957 VINELAND RD., #101	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	4.4 CITY, ST, ZIP	
TITLE	DVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, JAMES S., JR.	5.2 NAME	
STREET ADDRESS	5957 VINELAND RD., #101	5.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFRAN, ALAN J.,	6.2 NAME	
STREET ADDRESS	1140 S. SEMORAN BLVD., #A	6.3 STREET ADDRESS	7251 University Blvd Suite 300
CITY, ST, ZIP	ORLANDO FL	6.4 CITY, ST, ZIP	Winter Park, FL 32792
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary written 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 of the same empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or both, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		DATE: 4-17-95 417 611 0099	
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	