

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V05652 (5)**

1. Corporation Name
UNIVERSITY BOULEVARD MEDICAL CENTER, INC.



Principal Place of Business: **7251 UNIVERSITY BLVD SUITE 300 WINTER PARK FL 32792 US**
Mailing Address: **7251 UNIVERSITY BLVD SUITE 300 WINTER PARK FL 32792 US**

3. Date Incorporated or Qualified: **01/10/1992**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **59-3107809**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**STEPHEN V. EARLY
7251 UNIVERSITY BLVD
SUITE 300
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: *Stephen V. Early* (NOTE: Registered Agent signature required when transferring) DATE: **3/13/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EARLY, STEPHEN V.	
STREET ADDRESS	7251 UNIVERSITY BLVD SUITE 300	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MOKRIS, MICHAEL S.	
STREET ADDRESS	5957 VINELAND RD., #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REESE, BRADLEY R.	
STREET ADDRESS	5957 VINELAND RD., #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUBBIN, CLIFFORD B.	
STREET ADDRESS	5957 VINELAND RD., #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ATKINS, JAMES S., JR.	
STREET ADDRESS	5957 VINELAND RD., #101	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAFFRAN, ALAN J.	
STREET ADDRESS	7251 UNIVERSITY BLVD SUITE 300	
CITY-ST-ZIP	WINTER PARK FL 32792	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 of 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: *Stephen V. Early* DATE: **3/19/96** (407) 351-0675

CR2E034 (12/95)