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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 32792-9659 US

3. Date Incorporated or Qualified: 01/10/1992
3a. Date of Last Report: 03/25/1996
4. FEI Number: 59-3107809
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: DP
NAME: EARLY, STEPHEN V.
STREET ADDRESS: 7251 UNIVERSITY BLVD SUITE 300
CITY-ST-ZIP: WINTER PARK FL 32792
[] DELETE
TITLE: DVP
NAME: MOKRIS, MICHAEL S.
STREET ADDRESS: 5957 VINELAND RD., #101
CITY-ST-ZIP: ORLANDO FL
[] DELETE
TITLE: DS
NAME: REESE, BRADLEY R.
STREET ADDRESS: 5957 VINELAND RD., #101
CITY-ST-ZIP: ORLANDO FL
[] DELETE
TITLE: DT
NAME: DUBBIN, CLIFFORD B.
STREET ADDRESS: 5957 VINELAND RD., #101
CITY-ST-ZIP: ORLANDO FL
[] DELETE
TITLE: DVP
NAME: ATKINS, JAMES S., JR.
STREET ADDRESS: 5957 VINELAND RD., #101
CITY-ST-ZIP: ORLANDO FL
[] DELETE
TITLE: D
NAME: SAFFRAN, ALAN J.
STREET ADDRESS: 7251 UNIVERSITY BLVD SUITE 300
CITY-ST-ZIP: WINTER PARK FL 32792
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D
1.2 NAME: Hahn, John F.
1.3 STREET ADDRESS: 7251 University Blvd Suite 300
1.4 CITY-ST-ZIP: Winter Park, FL 32792
[] Change [X] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-ST-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

14. I do 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 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, trustee or conservator, or have authority 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 in an attachment with an address.

SIGNATURE: [Signature] 1/14/97 (407)677-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)