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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90250 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V05652

1. Corporation Name
UNIVERSITY BOULEVARD MEDICAL CENTER, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	01/10/1992
4. FEI Number	59-3107809
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Huhn, John F.	
1.3 STREET ADDRESS	7251 University Blvd., Suite 300	
1.4 CITY-ST-ZIP	Winter Park, FL 32792	
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 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 reports 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 407-677-0099
 Date Daytime Phone #

CR2E034 (11/98)