

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000068099 (9)
 1. Corporation Name

UNITED AMERICAN OF FLORIDA, INC.



Principal Place of Business: 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602
 Mailing Address: 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 09/29/1993
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 38-3150132
 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. 190.032, Florida Statutes: Yes [] No []

9. Name and Address of Current Registered Agent: BEYER, DAVID A, 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOBBINS, RONALD R	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	
CITY - ST - ZIP	DETROIT MI 48207-2602	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	COMBS, JULIUS V M.D.	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	
CITY - ST - ZIP	DETROIT MI 48207-2602	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, WILLIAM	
STREET ADDRESS	12964 N. DALE MABRY	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DENICE F	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	
CITY - ST - ZIP	DETROIT MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JERNIGAN, MICHAEL J	
STREET ADDRESS	12964 N. DALE MABRY	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PULS, JOHN JR	
STREET ADDRESS	12964 N. DALE MABRY	
CITY - ST - ZIP	TAMPA FL 33618	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	John S. Zaleskie	
13 STREET ADDRESS	3450 Buschwood Park Drive Suite	
14 CITY - ST - ZIP	Tampa, Fl. 33618 245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Eugene M. DeMatte, M.D.	
23 STREET ADDRESS	UCH Carrollwood	
24 CITY - ST - ZIP	7171 North Dale Mabry Tampa, Fl. 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Trevor Smith	
33 STREET ADDRESS	Revelry Resources, Inc.	
34 CITY - ST - ZIP	777 Harbor Island Blvd Suite 760 Tampa, Fl, 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Jagu Vanharam	
43 STREET ADDRESS	1155 Brewery Park Blvd.	
44 CITY - ST - ZIP	Detroit, Mi. 48207-2602	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/21/96 (813) 933-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)