

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 24 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 # P96000015977 (7)**

1. Corporation Name  
**UNIFED MEDICAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**2401 COLLINS AVE. SUITE 1802**      **2401 COLLINS AVE. SUITE 1802**  
**MIAMI BEACH FL 33140**                      **MIAMI BEACH FL 33140-4701**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/19/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	<b>65-068435</b>		Not Applicable	
22. City & State		27. City & State		6. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TAYLOR, JAMES</b> <b>2401 COLLINS AVE, SUITE 1802</b> <b>MIAMI BEACH FL 33140</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>2401 COLLINS AVE, SUITE 1802</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLOCH, CLAUDIO JR</b>	2.2 NAME	
STREET ADDRESS	<b>5501 ORDUNA DR</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CORAL GABLES FL 33146</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 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: *James M Taylor*      3-18-97 (305)      673-0143  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      [Telephone Prefix #]

CR2E034 (9/96)