FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JUN 13 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006033 (4)

1. Corporation Name

MEDICAL OFFICE SUPPORT, INC.

Name Amended: UNIFORCE MEDICAL OFFICE SUPPORT, INC.

700001513607
-06/15/95--01034--009
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1335 JERICHO TURNPIKE NEW HYDE PARK NY 11040	1335 JERICHO TURNPIKE NEW HYDE PARK NY 11040

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report:

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

4. FEI Number: APPLIED FOR 11-326 5419 ☐ 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

9. Name and Address of Current Registered Agent

STRIMAITIS, VITA
NORTHERN TRUST PLAZA
301 YAMATO ROAD, STE 4460
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: _____ DATE
Signature, type or print name of registered agent and title if applicable — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Chief Executive Officer/ Chairman of The Board/Director	☐ Change X Addition
NAME	FANNING, JOHN	12 NAME		
STREET ADDRESS	1335 JERICHO TURNPIKE	13 STREET ADDRESS		
CITY ST ZIP	NEW HYDE PARK NY	14 CITY ST ZIP		
TITLE	VD	21 TITLE	President/Director	XX Change ☐ Addition
NAME	MANISCALCO, ROSEMARY	22 NAME		
STREET ADDRESS	1335 JERICHO TURNPIKE	23 STREET ADDRESS		
CITY ST ZIP	NEW HYDE PARK NY	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MACCARONE, HARRY	32 NAME		
STREET ADDRESS	1335 JERICHO TURNPIKE	33 STREET ADDRESS		
CITY ST ZIP	NEW HYDE PARK NY	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	GELLER, DIANE	42 NAME		
STREET ADDRESS	1335 JERICHO TURNPIKE	43 STREET ADDRESS		
CITY ST ZIP	NEW HYDE PARK NY	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

RC

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)(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: Diane J. Geller, Secretary — Diane J. Geller, Sec. — Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0473091 FP