

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1996 MAY -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **F94000006033 (4)**

1. Corporation Name

UNIFORCE MEDICAL OFFICE SUPPORT, INC.

Principal Place of Business

**1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040**

Mailing Address

**1335 JERICHO TURNPIKE
NEW HYDE PARK NY 11040**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/23/1994

3a. Date of Last Report

06/13/1995

4. FEI Number

11-3265419

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

10. Name and Address of New Registered Agent

81

Name

The Prentice-Hall Corporation System, INC.

82

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street

83

84

Tallahassee,

FL

85

Zip Code
32301

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 of 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

Judith S. Blumett

JUDITH S. BLUMETT

ASST. SECRETARY 5/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

**FANNING, JOHN
1335 JERICHO TURNPIKE
NEW HYDE PARK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

**MANISCALCO, ROSEMARY
1335 JERICHO TURNPIKE
NEW HYDE PARK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD

**MACCARONE, HARRY
1335 JERICHO TURNPIKE
NEW HYDE PARK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

**GELLER, DIANE
1335 JERICHO TURNPIKE
NEW HYDE PARK NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DCEO

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DVT

MACCARRONE, HARRY

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 Geller
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96
Date

(516) 437-3300
Daytime Phone #

CR2E034 (12/95)