

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

FILED

May 05 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 # **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 11040-4613
--	---

3. Date Incorporated or Qualified 11/23/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 11-3265419	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 415 Crossways Park Drive	2a. Mailing Address 415 Crossways Park Drive
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State Woodbury, NY	27. City & State Woodbury, NY
23. Zip 11797	28. Country USA
24. Country USA	29. Zip 11797
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CEO	FANNING, JOHN <input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition	
NAME 1335 JERICHO TURNPIKE		1.2 NAME	
STREET ADDRESS NEW HYDE PARK NY		1.3 STREET ADDRESS 415 Crossways Park Drive	
CITY- ST- ZIP		1.4 CITY- ST- ZIP Woodbury, NY 11797	
TITLE PD	MANISCALCO, ROSEMARY <input type="checkbox"/> DELETE	2.1 TITLE Change <input type="checkbox"/> Addition	
NAME 1335 JERICHO TURNPIKE		2.2 NAME	
STREET ADDRESS NEW HYDE PARK NY		2.3 STREET ADDRESS 415 Crossways Park Drive	
CITY- ST- ZIP		2.4 CITY- ST- ZIP Woodbury, NY 11797	
TITLE TD	MACCARRONE, HARRY <input type="checkbox"/> DELETE	3.1 TITLE Change <input type="checkbox"/> Addition	
NAME 1335 JERICHO TURNPIKE		3.2 NAME	
STREET ADDRESS NEW HYDE PARK NY		3.3 STREET ADDRESS 415 Crossways Park Drive	
CITY- ST- ZIP		3.4 CITY- ST- ZIP Woodbury, NY 11797	
TITLE S	GELLER, DIANE <input type="checkbox"/> DELETE	4.1 TITLE Change <input type="checkbox"/> Addition	
NAME 1335 JERICHO TURNPIKE		4.2 NAME	
STREET ADDRESS NEW HYDE PARK NY		4.3 STREET ADDRESS 415 Crossways Park Drive	
CITY- ST- ZIP		4.4 CITY- ST- ZIP Woodbury, NY 11797	
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:  **REQUIRED** 4/22/97 (516) 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0006692

CR2E034 (9/96)