

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

FILED  
May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

415 CROSSWAYS PARK DR  
WOODBURY NY 11797  
US

Mailing Address

415 CROSSWAYS PARK DR  
WOODBURY NY 11797  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	FANNING, JOHN	415 CROSSWAYS PARK DR WOODBURY NY		<input checked="" type="checkbox"/>
PD	MANISCALCO, ROSEMARY	415 CROSSWAYS PARK DR WOODBURY NY		<input checked="" type="checkbox"/>
TD	MACCARRONE, HARRY	415 CROSSWAYS PARK DR WOODBURY NY		<input checked="" type="checkbox"/>
S	GELLER, DIANE	415 CROSSWAYS PARK DR WOODBURY NY		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.5 DELETE
D/CEO	Michael Ferrentino	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>	Rosemary Maniscalco	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	John Fanning	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>	VP/S/T/CFO	Paul J. Grillo	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>
	Arthur A. Feltman	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>	VP	Harry Maccarrone	415 Crossways Park Drive Woodbury NY 11797		<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503(1), 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.

CR2E034 (10/97)