

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90077 022 ***150.00

DOCUMENT # F94000006033

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCEO ☒ DELETE
NAME FERRENTINO, MICHAEL
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODSBURY NY 11797

1.1 TITLE P/CEO/D ☒ Change ☐ Addition
1.2 NAME Harry Maccarrone
1.3 STREET ADDRESS 415 Crossways Park Drive
1.4 CITY-ST-ZIP Woodbury, NY 11797

TITLE P ☒ DELETE
NAME MANISCALCO, ROSEMARY
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

2.1 TITLE V/S/T/CFO ☒ Change ☐ Addition
2.2 NAME Robert Baldwin
2.3 STREET ADDRESS 415 Crossways Park Drive
2.4 CITY-ST-ZIP Woodbury, NY 11797

TITLE VP ☐ DELETE
NAME FANNING, JOHN
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

3.1 TITLE V/CONTROLLER ☒ Change ☐ Addition
3.2 NAME Robert F. Ende
3.3 STREET ADDRESS 415 Crossways Park Drive
3.4 CITY-ST-ZIP Woodbury, NY 11797

TITLE VPST ☒ DELETE
NAME GRILLO, PAUL J
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

4.1 TITLE V/ASST. T/ASST. S ☒ Change ☐ Addition
4.2 NAME Andrew C. Reiben
4.3 STREET ADDRESS 415 Crossways Park Drive
4.4 CITY-ST-ZIP Woodbury, NY 11797

TITLE AS ☒ DELETE
NAME FELTMAN, ARTHUR A
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

5.1 TITLE ASST. S ☒ Change ☐ Addition
5.2 NAME Arthur A. Feltman
5.3 STREET ADDRESS 415 Crossways Park Drive
5.4 CITY-ST-ZIP Woodbury, NY 11797

TITLE VP ☒ DELETE
NAME MACCARRONE, HARRY
STREET ADDRESS 415 CROSSWAYS PARK DR
CITY-ST-ZIP WOODBURY NY 11797

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

14. I 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, with all other like empowered.

SIGNATURE: *Arthur A. Feltman* Arthur A. Feltman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/3/99 (516) 437-3300
Daytime Phone #

CR2E034 (11/98)