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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002898 (3)

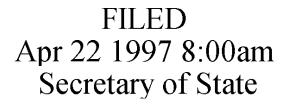
UNIONCARE, INC.

Principal	Piace	of	Business
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Mailing Address

111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001

111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001-1461





WAGING OF	00 80001		William	ON DO EGGIN	701						
					3. Date Incorporated or Qualification 06/15/1995		ate of Last 30/1996	Report			
9 Principal P	Place of Busine		1 2a Mailmo	Addross		-		4. FEI Number	01/		nulinal fier
2. Principal Place of Business 2a. Mailing Address							52-1782580			pplied For lot Applicable	
21 26 Suite, Apt. #, etc.				Suite, Apt. #, etc.							Additional
22 27							5. Certificate of Status Desired			leguired	
City & State City & State							6. Election Campaign Financin	·····		May Be	
23				28				Trust Fund Contribution	" 🗆		to Fees
Zıp		Country	Zip		Cou	intry		B. This corporation has liability	for intangible	tax under	s. 199.032.
24	2	5	29		30			Florida Statutes		X No	
	9. Name s	nd Address of Currer	nt Registered A	gent				10. Name and Address of Nev	/ Registered	Agent	
	CORPORATIO					81 Name					
1200	O S. PINE ISI	land Rd.				82 Street Address (P.O. Box Number is Not Acceptable)					
PLAI	NTATION FL	33324					000171	Today (control box not make the procedure)			
						83					
						84	City			85 Zip	Code
	 	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Ш			<u>FL</u>	•	
l office or r	registerod ago	ns of Sections 607,050 nt, or both, in the State n, and accept the oblig	of Florida, Such	i change was a	authorize	d bv	the corpo	orporation submits this statement for to pration's board of directors. I hereby a	ne purpose o ocept the app	f changing pointment as	ils registered s registered
SIGNATURE				,				quired when reinstating)	DATE		
12.	Signature, types o	printed hards of registered agr	D DIRECTORS	10 (180)	13.	o Age	ent signature re	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	DCEO			DELETE	1.1 TO	TLE		7.00.110.110.1010.111111.110.1010	THO ENO THE	Change	Addition
NAME		, ROBERT A		-	1.2 N		ì			L	
STREET ADDRESS		ACHUSETTS AVE.,	N.W.		ı		ADDRESS				
CITY-ST-ZIP		TON DC 20001				ITY - S	- 1				i
TITLE	ST			DLLETE	2.1 11		1.71			Change	Addition
NAME	NULL, LES	TER H SR			2.2 N		1				
STREET ADDRESS		ACHUSETTS AVE., I	N.W.				ADDRESS				
CITY-ST-ZIP		TON DC 20001					31 - ZIP				
TITLE	VD			DELETE	3111		-			Change	Acidition
NAME	LUCE, JAN	AES W			3.2 N		1			•	
STREET ADDRESS		ACHUSETTS AVE., I	N.W.				ADDRESS				
CITY-S7-ZIP		TON DC 20001			4		S1-ZIP				ĺ
TITLE	V			DELETE	4.1 TI	_				Change	Addition
NAME	SORMANI.	CHARLES R			4.2 N					,	
STREET ADDRESS		ACHUSETTS AVE.,	N.W.				ADDRESS				
CITY-ST-ZIP		ON DC 20001	-			TY-S					
TITLE	VSTD			DELETE	511					Change	Addition
NAME		O, JOSEPH A			5 2 N		ì			- •	_
STREET ADORESS		ACHUSETTS AVE., I	N.W.				ADDRESS				
CITY-ST-ZIP		ON DC 20001				TY - \$					
TITLE	V			DELETE	6.1 10		. 211			Change	Addition
NAME	BLOCK, M	ICHAEL			6.2 N						
STREET ADDRESS		ACHUSETTS AVE., I	N.W.				ADDRESS				
CITY-ST-ZIP		ON DC 20001			1	TY-S	ì				
					■ U¬U	0					

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 trusted 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.

Therese A. Bracker