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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001366

1. Corporation Name
UNIVERSAL MEDICAL ALLIANCE, INC.



Principal Place of Business 5400 S. UNIVERSITY DR., #110 DAVIE FL 33328	Mailing Address 5400 S. UNIVERSITY DR., #110 DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. # 405 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. # 405 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/10/1998 4. FEI Number 65-0770452 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes the current year Intangible Personal Property Tax.	
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9. Name and Address of Current Registered Agent CALANO, MARTIN J 5400 S. UNIVERSITY DR., #110 DAVIE FL 33328		10. Name and Address of New Registered Agent 81 Name MARTIN J. CALANO 82 Street Address (P.O. Box Number is Not Acceptable) 5400 S UNIVERSITY DR #405 83 84 City DAVIE 85 Zip Code FL 33328	
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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 MARTIN J. CALANO DATE 4/12/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALANO, MARTIN 5400 S. UNIVERSITY DR., #110 DAVIE FL 33328	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/CEO CALANO, MARTIN J 5400 S UNIVERSITY DR #405 DAVIE FL 33328-6105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CALANO, BARBARA 5400 S. UNIVERSITY DR., #110 DAVIE FL 33328	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER CALANO, BARBARA B 5400 S UNIVERSITY DR #405 DAVIE, FL 33328-6105
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY, COO HERNANDEZ, FRANK C 5400 S UNIVERSITY DR #405 DAVIE FL 33328-6105
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VICE PRESIDENT HERNANDEZ, AMADA 5400 S UNIVERSITY DR #405 DAVIE FL 33328-6105
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: BARBARA B. CALANO REQUIRED

DATE 4/12/99 DAYTIME PHONE # 954-680-4782