FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K02512** **(7)**

1. Corporation Name
UNIQUE CARE MEDICAL SERVICES, INC.

Principal Place of Business
3518 NW 36 STREET
MIAMI FL 33142

Mailing Address
3518 NW 36TH ST
2ND FLOOR
MIAMI FL 33142
US

3. Date Incorporated or Qualified: **11/18/1987**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21 7220 NW 36th Street
22 Suite, Apt. #, etc.
23 City & State: Miami Fl
24 Zip: 33166
25 Country: Dade

2a. Mailing Address
26 7220 NW 36th Street
27 Suite, Apt. #, etc.: Suite #401
28 City & State: Miami Fl 33166
29 Zip: 33166
30 Country: Dade

4. FEI Number: **65-0226166** — 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**
LINARES, AMELIA
3518 NW 36 STREET
MIAMI FL 33142

10. **Name and Address of New Registered Agent**
81 Name: LINARES, Amelia
82 Street Address (P.O. Box Number Is Not Acceptable): 7220 NW 36th Street
83 Suite #401
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Amelia Linares 3-8-96
Signature of a Director or Officer or Registered Agent (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	LINARES, AMELIA
STREET ADDRESS	~~3551 N.W. 36TH ST.~~ 7220 NW 36th Street
CITY-ST-ZIP	~~MIAMI FL~~ Suite #401 Miami Fl 33166
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	400001781784 ☐ Change ☐ Addition
5.2 NAME	-04/16/96--01044--001
5.3 STREET ADDRESS	***208.75
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	JR 4-16
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Amelia Linares (305) 994-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #