


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 17 AM 8:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000354 UNITRUST MEDICAL MANAGEMENT ASSOCIATES, L C. 13124 N. FLORIDA AVENUE TAMPA FL 33612		1a. Principal Place of Business Address 13124 N. FLORIDA AVENUE TAMPA FL 33612															
2. Principal Place of Business 13601 Bruce B. Downs Suite, Apt. #, etc. Suite 311 City & State Tampa, FL Zip 33613 Hillsborough		2a. Mailing Address 13601 Bruce B. Downs Suite, Apt. #, etc. Suite 311 City & State Tampa, FL Zip 33613 Hillsborough		3. Date Organized or Qualified 03/20/1998 3a. State of Formation FL 4. FEI Number 59-3502811 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
7. Name and Address of Current Registered Agent BARKER, JAMES H D.O. 13124 N. FLORIDA AVENUE TAMPA FL 33612		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL															
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																	
SIGNATURE _____		DATE _____															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGR</td> <td>UCH SERVICES, INC.</td> <td>3100 EAST FLETCHER AVE.</td> <td>TAMPA FL</td> </tr> <tr> <td>MGR</td> <td>UNIVERSITY COMMUNITY,</td> <td>13124 N. FLORIDA AVENUE</td> <td>TAMPA FL</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGR	UCH SERVICES, INC.	3100 EAST FLETCHER AVE.	TAMPA FL	MGR	UNIVERSITY COMMUNITY,	13124 N. FLORIDA AVENUE	TAMPA FL
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<div style="position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;"> 56 3-24-99 </div> </div>																	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.																	
SIGNATURE: _____		_____ 3/2/99 <small>SIGNATURE AND TITLE OF PERSON OR FIRM TO WHOM THE REGISTERED AGENT SIGNATURE IS APPOINTED</small>															