

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 # P37076 (7)
1. Corporation Name
ULICO STANDARD OF AMERICA INTEGRATED HEALTH, INC

FILED
Apr 22 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address
111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001 111 MASSACHUSETTS AVE., N.W.
WASHINGTON DC 20001-1461

3. Date Incorporated or Qualified 01/08/1992 3a. Date of Last Report 01/26/1996
4. FEI Number 52-1747653 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____
Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGINE, ROBERT A.	1.2 NAME	
STREET ADDRESS	301 VALLEY BROOK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULL, LESTER H., SR.	2.2 NAME	
STREET ADDRESS	431 WATERSON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST LIVERPOOL OH	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCE, JAMES W.	3.2 NAME	
STREET ADDRESS	10712 MILKWEED DRIVE	3.3 STREET ADDRESS	10747 Wynkoop Drive
CITY-ST-ZIP	GREAT FALLS VA	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARABILLO, JOSEPH A.	4.2 NAME	
STREET ADDRESS	14 EIGHTH ST., NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, MARK A.	5.2 NAME	
STREET ADDRESS	13700 HOBART DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Therese A. Bracken 4-14-97 202-682-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)