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May 14 1997 8:00am
Secretary of State

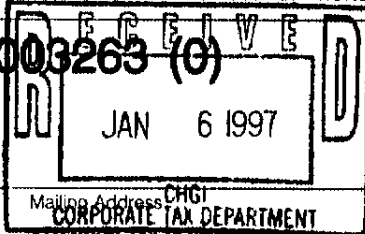
PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000003263 (0)

1. Corporation Name
UNI-CARE AMERICA, INC.



Principal Place of Business
7000 W. PALMETTO PARK RD
SUITE 416
BOCA RATON FL 33433
US

Mailing Address
CHCI
CORPORATE TAX DEPARTMENT
ATTENTION TAX DEPARTMENT
P.O. BOX 15307
DURHAM NC 27704-0307
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P. O. BOX 15309

28 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

11/10/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0370431

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

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LUCIBELLA, RICHARD J
STREET ADDRESS 2255 GLADES RD SUITE 416
CITY-ST-ZIP BOCA RATON FL

TITLE PD ☐ DELETE

NAME BAUER, ANNETTE
STREET ADDRESS 2400 EAST COMMERCIAL BLVD SUITE 315
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE

NAME STEWART, RANDALL J.
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC

TITLE S ☐ DELETE

NAME ANDREWS, R. DAVID
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC

TITLE AS ☐ DELETE

NAME SNEDEKER, ANGELA M
STREET ADDRESS 2828 CROASDALE DR
CITY-ST-ZIP DURHAM NC

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Angela M. Sneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

919-383-0355

Date

Daytime Phone #

CR2E034 (9/96)