FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000029606 (9)**

1. Corporation Name
UNIHEALTH MEDICAL SERVICE, INC.

Principal Place of Business
2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

Mailing Address
2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/22/1993**
3a. Date of Last Report: **08/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **65-0490468** — 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
PEREZ, LUIS D
2885 S.W. 3RD ROAD
SUITE 200
MIAMI FL 33129

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DE JESUS PEREZ, LUIS J
STREET ADDRESS	2885 S.W. 3RD ROAD, SUITE 200
CITY, ST, ZIP	MIAMI FL 33129
TITLE	PS
NAME	UGARRIZA, MIRTHA D
STREET ADDRESS	2885 S.W. 3RD ROAD, SUITE 200
CITY, ST, ZIP	MIAMI FL 33129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate and does not conflict, to the extent prohibited by Section 119.07(3)(i), Florida Statutes, I further certify that the information contained in 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 is added, herein with an address.

SIGNATURE: Luis J. Perez 4/29/95 (305) 285-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

0125669 CP