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 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068099 (9)

1. Corporate Name
UNITED AMERICAN OF FLORIDA, INC.

Principal Place of Business
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

Mailing Address
101 EAST KENNEDY BLVD
SUITE 2000
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 07/19/1994

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

4. FEI Number: 38-3150132 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BEYER, DAVID A
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602

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: Registered Agent's printed name, if Registered Agent is a corporation, signature of Registered Agent or officer of Registered Agent — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	DOBBINS, RONALD R	1 NAME	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	1 STREET ADDRESS	
CITY ST ZIP	DETROIT MI 48207-2602	1 CITY ST ZIP	
TITLE	DC	2 TITLE	☐ Change ☐ Addition
NAME	COMBS, JULIUS V M.D.	2 NAME	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	2 STREET ADDRESS	
CITY ST ZIP	DETROIT MI 48207-2602	2 CITY ST ZIP	
TITLE	DVC	3 TITLE	XXX ☐ Change ☐ Addition
NAME	CHAMBERS, WILLIAM	3 NAME	Director (D) only.
STREET ADDRESS	12964 N. DALE MABRY	3 STREET ADDRESS	Please delete VC
CITY ST ZIP	TAMPA FL 33618	3 CITY ST ZIP	
TITLE	DVS	4 TITLE	XXX ☐ Change ☐ Addition
NAME	DAVIS, DENICE F	4 NAME	
STREET ADDRESS	1155 BREWER PARK BLVD., #200	4 STREET ADDRESS	1155 Brewery Park Blvd., #200
CITY ST ZIP	DETROIT MI 48207-2602	4 CITY ST ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	JERNIGAN, MICHAEL J	5 NAME	
STREET ADDRESS	12964 N. DALE MABRY	5 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33618	5 CITY ST ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	PULS, JOHN JR	6 NAME	
STREET ADDRESS	12964 N. DALE MABRY	6 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33618	6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 hereof or is added by amendment with an asterisk.

SIGNATURE: 4/24/95 (313) 393-4560
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR — Date — Daytime Phone #
Denice F. Davis, Secretary

0200110 CP