

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000068099 (9)

1. Corporation Name

UNITED AMERICAN OF FLORIDA, INC.

Principal Place of Business

% 3450 BUSHWOOD PARK DRIVE  
SUITE 245  
TAMPA FL

Mailing Address

% 3450 BUSHWOOD PARK DRIVE  
SUITE 245  
TAMPA FL

FILED  
Aug 12 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/29/1993</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>38-3150132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ZALESKIE, JOHN S  
3450 BUSHWOOD PARK DRIVE, SUITE 245  
TAMPA FL F3602

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	0	<input type="checkbox"/> DELETE
NAME	ZALESKIE, JOHN S	
STREET ADDRESS	3450 BUSHWOOD PARK DRIVE SUITE 245	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMATTE, EUGENE M MD	
STREET ADDRESS	UCH CARROLLWOOD, 7171 NORTH DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, TREVOR	
STREET ADDRESS	777 HARBOR ISLAND BLVD SUITE 760	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AHARAM, JAGU	
STREET ADDRESS	1155 BREWERY PARK BLVD., #200	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JERNIGAN, MICHAEL J	
STREET ADDRESS	12984 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PULS, JOHN JR	
STREET ADDRESS	12984 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John S. Zaleskie	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vanaharam, Jagu	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Julius Combs, M.D.	
5.3 STREET ADDRESS	1155 Brewery Park Blvd. Suite200	
5.4 CITY-ST-ZIP	Detroit, MI	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ron Dobbins	
6.3 STREET ADDRESS	1155 Brewery Park Blvd. Suite 200	
6.4 CITY-ST-ZIP	Detroit, MI	

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

John S. Zaleskie

08/05/97 813-9333-6200

CR2E034 (4/97)