SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 13 1998 8:00am
Secretary of State

DOCUMENT # P95000023777 (2)

1. Corporation Name
UNIVERSITY CLINICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1411 N. FLAGLER DR. STE. 9300 WEST PALM BEACH FL 33401	1411 N. FLAGLER DR. STE. 9300 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 1117 N. Olive Ave	26 1117 N. Olive Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 C
City & State 23 W. Palm Beach, FL	City & State 28 W. Palm Beach, FL
Zip 24 33401 Country 25 USA	Zip 29 33401 Country 30 USA

4. FEI Number: 65-0578132 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHEPPS, MITCHELL D 777 SOUTH FLAGLER DRIVE SUITE 1102-W WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSKOWITZ, BRUCE		1.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, GERALD		2.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DODSON, DAVID		3.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WACKS, ROBERT		4.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, ROBERT		5.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARDEN, ALEXANDER		6.2 NAME	
STREET ADDRESS	1411 N. FLAGLER DR., #9300		6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		6.4 CITY-ST-ZIP	

14. I 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 _____ 7/6/98

CR2E034 (5/98)