

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000065956

FILED
Jul 01, 2002 8:00 AM
Secretary of State

Entity Name: UNITED-CARE MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

6411 TAFT ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6411 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-0604865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOROWAY, DAVID
5601 S.W. 195 TER.
FT. LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOROWAY, DAVID
Address: 5601 S.W. 195 TERR
City-St-Zip: FT. LAUDERDALE, FL 33322

Title: T () Delete
Name: DOUGLAS, GARY R
Address: 1644 JACKSON ST.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GOROWAY

P

07/01/2002

Electronic Signature of Signing Officer or Director

_____ Date