

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000058565 (8)

1. Corporation Name:  
UNION MEDICAL ASSOCIATION CORPORATION



Principal Place of Business:  
9408 S.W. 154TH PLACE  
MIAMI FL 33196

Mailing Address:  
9408 S.W. 154TH PLACE  
MIAMI FL 33196-1130

3. Date Incorporated or Qualified  
07/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

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

10. Name and Address of New Registered Agent

HERNANDEZ, ALBERTO H  
9408 S.W. 154TH PLACE  
MIAMI FL 33196

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  
officer 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, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
COUTIN, JOSE  
8841 W. FLAGLER ST. APT. 102  
MIAMI FL 33174

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HERNANDEZ, ALBERTO H  
9408 S.W. 154TH PLACE  
MIAMI FL 33196

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PEREZ, OLIDA J  
1420 S.W. 119TH PLACE  
MIAMI FL 33184

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
PEREZ, OLIDA J  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)