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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000058565

1. Corporation Name

UNION MEDICAL ASSOCIATION CORPORATION

Principal Place of Business
1607 PONCE DE LEON Blvd.
101
CORAL GABLES, FL 33134

Mailing Address
1607 PONCE DE LEON Blvd.
101
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-11-96

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0681212 — 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
ALEJANDRO NUÑEZ, ESQ.
1607 PONCE DE LEON Blvd.
101
CORAL GABLES, FL 33134

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: ALEJANDRO NUÑEZ, ESQ. 3/23/98
Signature (Typed or printed name of person signing in capacity of officer or agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	COUTIN, JOSE	
STREET ADDRESS	8841 W. FLAGLER ST., Apt. 102	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	VD	☒ DELETE
NAME	HERNANDEZ, ALBERTO H.	
STREET ADDRESS	9408 SW 154 PLACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	PD	☐ DELETE
NAME	OILDA PEREZ	
STREET ADDRESS	1420 SW 119 PLACE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	☒ Change ☐ Addition
1.2 NAME	COUTIN, JOSE	
1.3 STREET ADDRESS	1607 PONCE DE LEON BLVD., # 101	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME	PEREZ, OILDA J.	
3.3 STREET ADDRESS	1607 PONCE DE LEON Blvd., # 101	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***150.00

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: OILDA PEREZ, PRES. 4/27/98 (305) 774-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)