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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000077784 (2)**

1. Corporation Name
UNITED MEDICAL FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
% JASON. OLETSKY. ESQ. 201 S. BISCAYNE BLVD.. SUITE 1970 MIAMI FL 33131	% JASON. OLETSKY. ESQ. 201 S. BISCAYNE BLVD.. SUITE 1970 MIAMI FL 33131-4302

3. Date Incorporated or Qualified: 09/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1925 North East 45 St
Suite, Apt. #, etc.
22 Suite 230
City & State
23 Fort Lauderdale FL
Zip 24 33308 Country 25 BROWARD

2a. Mailing Address
26 1925 N.E. 45th Street
Suite, Apt. #, etc
27 Suite 230
City & State
28 Fort Lauderdale
Zip 29 33308 Country 30 BROWARD

4. FEI Number: 65-070-9163 ☐ 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

OLETSKY, JASON
201 S. BISCAYNE BLVD.
SUITE 1970
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: PATRICIA Draper
82 Street Address (P.O. Box Number is Not Acceptable): 1925 North East 45 street
83 Suite 230
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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: PATRICIA DRAPER Patricia Draper 4/4/97
Signature, type or printed 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	PRESIDENT ☐ DELETE	1.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	ALLAN GLICK	1.2 NAME	PATRICIA Draper
STREET ADDRESS	1925 North East 45 St.	1.3 STREET ADDRESS	1925 North East 45 ST.
CITY-ST-ZIP	Ft. Lauderdale FL 33308	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: ALLAN GLICK Allan Glick 4/4/97 954-7723373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0173250