

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90258 045 \*\*\*150.00

DOCUMENT # P98000075108

1. Corporation Name

UNISOURCE HEALTHCARE SYSTEMS, INC.

Principal Place of Business

1940 HARRISON STREET STE 200  
HOLLYWOOD FL 33020

Mailing Address

1940 HARRISON STREET STE 200  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELDRIDGE, SHARMA S  
1940 HARRISON STREET STE 200  
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ELDRIDGE, SHARMA S  
STREET ADDRESS 8943 THUMBWOOD CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE STD ☐ DELETE

NAME MCDANIEL, MARY S  
STREET ADDRESS 8943 THUMBWOOD CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE STD ☐ DELETE

NAME HALL, MARY B  
STREET ADDRESS 8943 THUMBWOOD CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4801 JEFFERSON STREET  
HOLLYWOOD, FL 33021

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4801 JEFFERSON STREET  
HOLLYWOOD, FL 33021

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4801 JEFFERSON STREET  
HOLLYWOOD, FL 33021

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT

Date

Daytime Phone #

4/24/99 954-929-4029

CR2E034 (11/98)

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