SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:20

DOCUMENT # **V24784** **(3)**

1. Corporation Name
UNO MEDICAL SERVICES, INC.

Principal Place of Business
13110 SW 4TH STREET
MIAMI FL 33184

Mailing Address
13110 SW 4TH STREET
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business (21): Same
2a. Mailing Address (26)
Suite, Apt # etc (22)
Suite, Apt # etc (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0321631
Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
8. This corporation has totally tax exempt interest or income under s. 196.199(2) Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ALVAREZ, ELVIRA
13110 SW 4TH STREET
MIAMI FL 33184

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address or P.O. Box Number (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
Name of Current Registered Agent or Registered Agent of the Corporation — Name of Registered Agent (type or print) — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
PDS	ALVAREZ, ELVIRA	13110 SW 4TH STREET	MIAMI FL

13. ☐ Change ☐ Addition

CR2E034 (3/95)

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in 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: Elvira Alvarez 6/30/95 305-229-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0004034 CP