

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 05-02-2000 90129 019 \*\*\*150.00

**DOCUMENT # P96000084664**  
 1. Entity Name  
**UNITY HEALTHCARE PROVIDERS, INC.**

Principal Place of Business <b>1401 E 4TH AVE SUITE 102 HIALEAH FL 33010</b>	Mailing Address <b>1401 E 4TH AVE SUITE 102 HIALEAH FL 33010-3504</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0701947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**QUIRANTES, TULIO**  
**1401 E 4TH AVE**  
**SUITE 102**  
**HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>QUIRANTES, TULIO</b> <b>1401 E 4TH AVE SUITE 102</b> <b>HIALEAH FL 33010</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TULIO QUIRANTES, SR.</b> <b>1401 E 4TH AVE, SUITE 102</b> <b>HIALEAH, FL 33010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP D</b> <b>MARIA QUIRANTES</b> <b>1401 E 4TH AVE SUITE 102</b> <b>HIALEAH, FL 33010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP D</b> <b>TULIO QUIRANTE, JR.</b> <b>1401 E 4TH AVE, SUITE 102</b> <b>HIALEAH, FL 33010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tulio Quirantes* **QUIRANTES** 4/20/00  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)