2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # P96000084664 1. Entity Name 05-08-2002 90165 017 ***150.00 UNITY HEALTHCARE PROVIDERS, INC. Principal Place of Business Mailing Address 1401 F 4TH AVE 1401 E 4TH AVE **SUITE 102** SUITE 102 HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0701947 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUIRANTES, TÚLIO Street Address (P.O. Box Number is Not Acceptable) 1401 E 4TH AVE-SUITE 102 HIALEAH FL 33010 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE QUIRANTES, TULIO SR NAME NAME STREET ADDRESS 1401 E 4TH AVE SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Addition ☐ Change Delete TITLE NAME NAMÉ QUIRANTES, MARIA 1401 EAST 4TH AVENUE, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Change Addition TITLE **VPD** ☐ Delete TITLE NAME QUIRANTE, TULIO JR STREET ADDRESS 1401 EAST 4TH AVENUE, SUITE 102 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP. CITY-ST-ZIP 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 escurate 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 exposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED