

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90385 006 \*\*\*150.00

**DOCUMENT # P96000084664**



1. Entity Name  
**UNITY HEALTHCARE PROVIDERS, INC.**

Principal Place of Business  
**1401 E 4TH AVE  
SUITE 102  
HIALEAH FL 33010**

Mailing Address  
**1401 E 4TH AVE  
SUITE 102  
HIALEAH FL 33010**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0701947**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>QUIRANTES, TULIO SR</b>	
STREET ADDRESS	<b>1401 E 4TH AVE SUITE 102</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>QUIRANTES, MARIA</b>	
STREET ADDRESS	<b>1401 EAST 4TH AVENUE , SUITE 102</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>QUIRANTE, TULIO JR</b>	
STREET ADDRESS	<b>1401 EAST 4TH AVENUE, SUITE 102</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03 (305) 888-3332  
Date Daytime Phone #

CR2E034 (10/02)