

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003129

**Entity Name:** UNITED PROVIDERS, INC.

**Current Principal Place of Business:**

12788 GILLARD RD.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

12788 GILLARD RD.  
WINTER GARDEN, FL 34787

**FEI Number: 90-1042018**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMALLEY, CRAIG W E.A.  
37 N. ORANGE AVE., SUITE 500  
ORLANDO, FL 32803 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LOWE, LINDA  
Address 12788 GILLARD RD.  
City-State-Zip: WINTER GARDEN FL 34787

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA LOWE**

**PRESIDENT**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date