


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90006 045 ***150.00

DOCUMENT # F95000002898

1. Entity Name
UNIONCARE, INC.



Principal Place of Business Mailing Address
 1625 EYE STREET, NW 1625 EYE STREET, NW
 WASHINGTON, DC 20006 WASHINGTON, DC 20006

40094319



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04042007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
52-1782580 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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. 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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO O'SULLIVAN, TERENCE 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPRE GREBOW, EDWARD 1625 EYE STREET, NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC VALENTINE, TERESA 1625 EYE STREET, NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATRE FRIED, ADAM 8403 COLESVILLE ROAD SILVER SPRING, MD 20910	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR GASQUE, DAMON 1625 EYE STREET, NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTRE SINGLETON, MARK E 1625 EYE STREET, NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/SVP JAMES M. PAUL 1625 Eye St, NW Washington, DC 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPRES ANNE E. BOSSIE 8403 Colesville Rd. Silver Spring, MD 20910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/AVP Adam Fried 8403 Colesville Rd. Silver Spring, MD 20910	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/CFOT DAMON GASQUE 8403 Colesville Rd. Silver Spring, MD 20910	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C/CEO MARK E. SINGLETON 1625 Eye St, NW Washington, DC 20006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Terresa E. Valentine Terresa E. Valentine, Secretary 4/30/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Call Lisa Dnesi, 202/682-6925