

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000070435

Entity Name: UNICARE MEDICAL CORP.

FILED
Nov 16, 2004
Secretary of State

Current Principal Place of Business:

330 SW 27 AVE #308
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

330 SW 27 AVE #308
MIAMI, FL 33135

New Mailing Address:

FEI Number: 13-4204385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOSQUET, NANCY
330 SW 27 AVE #308
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSQUET, NANCY
Address: 330 SW 27 AVE #308
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY BOSQUET

PD

11/16/2004

Electronic Signature of Signing Officer or Director

Date