# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 22, 2005**
**Secretary of State**

DOCUMENT# P02000070435

**Entity Name:** UNICARE MEDICAL CORP.

**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 ( )**

**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:**

DELGADO, ANDRES
330 SW 27 AVE #308
MIAMI, FL 33135 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: ANDRES DELGADO 06/22/2005
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: PD (X) Change ( ) Addition
Name: DELGADO, ANDRES
Address: 330 SW 27 AVE #308
City-St-Zip: MIAMI, FL 33135

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: ANDRES DELGADO PD 06/22/2005
Electronic Signature of Signing Officer or Director Date