2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# P02000072405

Entity Name: UNITED HEALTH CARE GROUP, INC

Current Principal Place of Business:

1840 W 49 ST, STE 605
HIALEAH, FL 33012

New Principal Place of Business:

1840 W 49 ST
SUITE # 605.
HIALEAH, FL 33012

Current Mailing Address:

1840 W 49 ST, STE 605
HIALEAH, FL 33012

New Mailing Address:

1840 W 49
SUITE # 605.
HIALEAH, FL 33012

FEI Number: 03-0467457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERERA, MARIA R
741 W. 29TH STREET, APT 4
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERERA, MARIA R
Address: 744 W. 29TH STREET, APT 4
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: RODRIGUEZ, LEONARDO R
Address: 1840 W 49 ST, STE 605
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: RODRIGUEZ, TAMARA
Address: 1840 W 49 ST, STE 605
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: TAMARA RODRIGUEZ OFFI 01/18/2006

Electronic Signature of Signing Officer or Director — Date