

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050691

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** UNIFIED PHYSICIANS PREPAID HEALTH NETWORK, INC.

**Current Principal Place of Business:**

10141 SW 77TH CT.  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

10141 SW 77TH CT.  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LEON, GUSTAVO G JR.  
10141 SW 77TH CT.  
MIAMI, FL 33156 US

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

ROMANELLO PROFESSIONAL ASSOCIATION  
11555 HERON BAY BOULEVARD  
SUITE 200  
CORAL SPRINGS, FL 33076 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: STEVEN J. ROMANELLO

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEON, GUSTAVO SR.  
Address: 7481 SW 56TH ST.  
City-St-Zip: MIAMI, FL 33155

Title: V ( ) Delete  
Name: GONZALEZ, RAMON  
Address: 1414 NW 107TH AVE., SUITE 102  
City-St-Zip: MIAMI, FL 33172

Title: ST (X) Delete  
Name: LEON, GUSTAVO G JR.  
Address: 10141 SW 77TH CT.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VS (X) Change ( ) Addition  
Name: GONZALEZ, RAMON  
Address: 1414 NW 107TH AVE., SUITE 102  
City-St-Zip: MIAMI, FL 33172

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: RAMON GONZALEZ

VS

04/29/2005

Electronic Signature of Signing Officer or Director

Date