

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139556

**Entity Name:** UNITED HEALTH PROVIDERS, INC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1681 WEST 37 STREET  
SUITE # 14  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1681 WEST 37 STREET  
SUITE # 14  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-1718786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIMA, DUBIEL PEREZ  
1681 W 37 STREET  
SUITE # 14  
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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: LIMA, DUBIEL PEREZ  
Address: 1681 WEST 37 STREET, SUITE 14  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: DUBIEL PEREZ LIMA

DPST

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date