2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2006
Secretary of State

DOCUMENT# P05000014155

Entity Name: UNITED HEALTHCARE CENTER INC.

Current Principal Place of Business:

4602 N ARMENIA AVE STE B-1
TAMPA, FL 33603

New Principal Place of Business:

500 W. MARTIN LUTHER KING, BLVD
TAMPA, FL 33603

Current Mailing Address:

4602 N ARMENIA AVE STE B-1
TAMPA, FL 33603

New Mailing Address:

500 W. MARTIN LUTHER KING, BLVD
TAMPA, FL 33603

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

Name and Address of Current Registered Agent:

LUIS, LUIS MANUEL
4602 N ARMENIA AVE STE B-1
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

LUIS, LUIS MANUEL
500 W. MARTIN LUTHER KING, BLVD
TAMPA, FL 33603 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: LUIS MANUEL LUIS 12/06/2006
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: P ( ) Delete
Name: LUIS, LUIS MANUEL
Address: 4602 N ARMENIA AVE STE B-1
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LUIS, LUIS MANUEL
Address: 500 W. MARTIN LUTHER KING, BLVD
City-St-Zip: TAMPA, FL 33603

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: LUIS MANUEL LUIS PD 12/06/2006
Electronic Signature of Signing Officer or Director Date