


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000014155	
1. Entity Name UNITED HEALTHCARE CENTER INC.	

Principal Place of Business 500 W. MARTIN LUTHER KING, BLVD TAMPA, FL 33603	Mailing Address 500 W. MARTIN LUTHER KING, BLVD TAMPA, FL 33603
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
08 JUL 25 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07242008 Chg-P CR2E034 (12/06)

4. FEI Number 86-1129297	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LEON, RAFAEL J DR. 500 W. MARTIN LUTHER KING, BLVD TAMPA, FL 33603
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7. Name and Address of New Registered Agent Name: <u>JUAN GONZALEZ CASTRO</u> Street Address (P.O. Box Number is Not Acceptable): <u>500 W. MARTIN LUTHER KING, BLVD</u> City: <u>Tampa</u> State: <u>FL</u> Zip Code: <u>33603</u>
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8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEON, RAFAEL J DR. 500 W. DR. M.L.K. JR. BLVD. TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JUAN GONZALEZ CASTRO 500 W. DR. M.L.K. JR. BLVD. TAMPA FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIS, LUIS M 500 W. DR. M.L.K. JR. BLVD. TAMPA, FL 33603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700133811357 07/31/08--01015--001 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: _____	Daytime Phone #: _____
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