

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051356

FILED
Feb 08, 2006
Secretary of State

Entity Name: UNITED PHYSICIANS CARE, INC.

Current Principal Place of Business:

8281 NW 165 TERRACE
MIAMI LAKES, FL 33016

New Principal Place of Business:

14411 COMMERCE WAY
SUITE 420
MIAMI LAKES, FL 33016

Current Mailing Address:

8281 NW 165 TERRACE
MIAMI LAKES, FL 33016

New Mailing Address:

14411 COMMERCE WAY
SUITE 420
MIAMI LAKES, FL 33016

FEI Number: 20-2637326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, PEDRO
8281 NW 165 TERRACE
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

HERNANDEZ, PEDRO
14411 COMMERCE WAY
SUITE 420
MIAMI LAKES, FL 33016 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: PEDRO HERNANDEZ

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, PEDRO
Address: 8281 NW 165 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD () Delete
Name: COLEMAN, LUCIOUS
Address: 8281 NW 165 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, PEDRO
Address: 14411 COMMERCE WAY SUITE 420
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD (X) Change () Addition
Name: COLEMAN, LUCIOUS
Address: 14411 COMMERCE WAY SUITE 420
City-St-Zip: MIAMI LAKES, FL 33016

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: PEDRO HERNANDEZ

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date