

P05 000147639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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RA Chang  
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UNITED

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UNITED PRIORITY HEALTH GROUP, INC  
(Name of Corporation)

DOCUMENT NUMBER: P05000147639

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL VA

(Name of Contact Person)

UNITED PRIORITY HEALTH GROUP.

(Firm/Company)

16658 GOLFWAY DR.

(Address)

WELTON, FLORIDA 32326

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL VA

(Name of Contact Person)

at ( 954 ) 3250185

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2008

MIGUEL VA  
16658 GOLFVIEW DR.  
WESTON, FL 33326

SUBJECT: UNITED PRIORITY HEALTH GROUP, INC.  
Ref. Number: P05000147639

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

SECTION #5 SHOULD LIST THE CURRENT REGISTERED AGENT ADDRESS WITH SECTION #6 LISTING THE NEW ADDRESS FOR THE CURRENT REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 708A00056750

RECEIVED  
2008 NOV 24 AM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Thank You!!*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNITED PRIORITY HEALTH GROUP, INC.  
2. The principal office address: 16658 GOLVIEW DR.  
WESTON, FLORIDA 33326  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/03/2005 Document number: P05000147639

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MIGUEL VA  
10220 W. ST. RD 84 #9  
DAVIE, FLORIDA 33324


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MIGUEL VA  
16658 GOLVIEW DR.  
(P.O. Box NOT acceptable)  
WESTON, FL 33326

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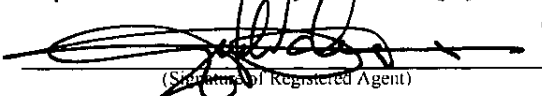
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

MIGUEL VA President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

10/28/08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314