## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052332 (0)

**FILED** Mar 11 1998 8:00am Secretary of State

UNICARE OF SOUTH FLURIDA, INC	•				
Principal Place of Business	Mailing Address			I SOBISTAL SID INDIA WASHI BOSHI ODIN ODIN DOST	iten nimmä frimm attra trät som:
2742 SW 8TH STREET	2742 SW 8TH STREET				
STE 28 STE 28				DO NOT WRITE IN THIS	COACE
MIAMI FL 33135 MIAMI FL 33135				3. Date Incorporated or Qualified	JOFAGE
				07/07/1995	
2. Principal Place of Business	2a. Mailing Address	• • • • •		4. FEI Number	Applied For
21	26			65-0593993	Not Applicable
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			<b>b.</b> Certificate of Status Desireo	Fee Required
City & State	City & State			Election Campaign Financing	\$5.00 May Be
23	28	1 0		Trust Fund Contribution	Added to Fees
Zip Country	Zip	1		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 25 9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Registerer	
	riogisterou Agont	6	1 Name		
GARCIA, ANA M 2742 SW 8TH STREET		_			
STE 28	•	8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33135		8	3		
William L Co.		_	<u> </u>		12-1
		8	4 City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent, I am familiar with, and accept the obligat	if Florida. Such change was	s authorized l	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE Signature, typed or per ted cause of registered agent	and little if analouble (NC	OTF: Begistered A	oent Signalure teori	ired when reinstating) DATE	
12. OF LICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE PVST	DELETE	1.1 1111.			Change Addition
NAME GARCIA, ANA M		1.2 NAM	E		• [
STREET ADDRESS 2742 SW 8TH STREET., STE 2	8	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135		1.4 CITY	- ST - 21P		
TITLE	☐ DELETE	2.1 TITLE			Change Addition
NAME GARCIA, ANA M	_	2.2 NAM	E		
STREET ADDRESS 2742 SW 8TH STREET., STE 2	8		ET ADDRESS		
CITY-ST-ZIP MIAMI FL 33135	DELETE		-S1-ZIP		☐ Change ☐ Addition
TITLE	Ott.tit	3.1 TITLE			change rodinon
NAME CENTER ADDRECT		3.2 NAM	ET ADDRESS		1
STREET ADDRESS			- ST-ZIP		
CITY-ST-ZIP	DETETE	4.1 TITLI	<del></del>		Change Addition
NAME		4. 2 NAN	Ĭ		
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP		4.4 CITY			
TITLE	DELETE	5.1 TITLI			Change Addition
NAME		5.2 NAM	E		
STREET ADDRESS		r a erne	ET ADDRESS		1
CITY-ST-ZIP		0.0 0100			!
		5.4 CITY			
TITLE	DELETE		- ST- ZIP		Change Addition
TITLE NAME	☐ DELETE	5.4 CITY	- \$T- ZIP		Change Addition
1	☐ DELETE	5.4 CITY 6.1 TITU 6.2 NAM	- \$T- ZIP		Change Addition

nice with this timing doub for quality for the exemption stated in Section 119.07(3)(). Florida Statules, Turiner certify that the informatic nyterital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indirectiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the attraction of the statutes. indicated on this annual report or sur