



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 036 ***150.00

DOCUMENT # P95000052332			
1. Entity Name UNICARE OF SOUTH FLORIDA, INC.			
Principal Place of Business 833 SW 29TH AVE STE #5 MIAMI FL 33135		Mailing Address 833 SW 29TH AVE STE #5 MIAMI FL 33135	
2. Principal Place of Business 833 S.W. 29 AVE		3. Mailing Address	
Suite, Apt. #, etc. Suite #5		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33135	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GARCIA, ANA M 2742 SW 8TH STREET STE 28 MIAMI FL 33135		7. Name and Address of New Registered Agent Name: Ana Maria Cancio Street Address (P.O. Box Number is Not Acceptable): 833 S.W. 29 AVE Suite #5 City: Miami FL Zip Code: 33135	
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:  DATE: 3/31/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST	NAME GARCIA, ANA M	<input type="checkbox"/> Delete	TITLE PVST
STREET ADDRESS 2742 SW 8TH ST, STE 10-A	CITY-ST-ZIP MIAMI FL 33135		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME GARCIA, ANA M	<input type="checkbox"/> Delete	TITLE D
STREET ADDRESS 2472 SW 8TH ST, STE 10-A	CITY-ST-ZIP MIAMI FL 33135		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 -
3/31/05 643-2868
Date Daytime Phone #