

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000052332

FILED
Sep 14, 2009
Secretary of State

Entity Name: UNICARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

833 S.W. 29 AVE
STE #5
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

833 SW 29TH AVE
STE #5
MIAMI, FL 33135

New Mailing Address:

833 S.W. 29 AVE
STE #5
MIAMI, FL 33135

FEI Number: 65-0593993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANCIO, ANA M
833 S.W. 29 AVE
STE 5
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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: ANA MARIA CANCIO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CANCIO, ANA M
Address: 833 S.W. 29 AVE SUITE #5
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: CANCIO, ANA M
Address: 833 S.W. 29 AVE SUITE #5
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANA MARIA CANCIO

Electronic Signature of Signing Officer or Director

PRES

09/14/2009

Date