2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P96000084664

Entity Name: UNITY HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

1401 E 4TH AVE
SUITE 102
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1401 E 4TH AVE
SUITE 102
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0701947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUIRANTES, TULIO
1401 E 4TH AVE
SUITE 102
HIALEAH, FL 33010 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: QUIRANTES, TULIO SR
Address: 1401 E 4TH AVE SUITE 102
City-St-Zip: HIALEAH, FL 33010

Title: VPD ( ) Delete
Name: QUIRANTES, MARIA
Address: 1401 EAST 4TH AVENUE , SUITE 102
City-St-Zip: HIALEAH, FL 33010

Title: VPD ( ) Delete
Name: QUIRANTE, TULIO JR
Address: 1401 EAST 4TH AVENUE, SUITE 102
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: QUIRANTES, TULIO SR
Address: 1401 E 4TH AVE, SUITE 102
City-St-Zip: HIALEAH, FL 33010

Title: VPD (X) Change ( ) Addition
Name: QUIRANTES, MARIA
Address: 1401 E 4TH AVE, SUITE 102
City-St-Zip: HIALEAH, FL 33010

Title: VPD (X) Change ( ) Addition
Name: QUIRANTES, TULIO JR
Address: 1401 E 4TH AVE, SUITE 102
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TULIO QUIRANTES ST 04/25/2005

Electronic Signature of Signing Officer or Director — Date