

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103390

FILED
Feb 08, 2008
Secretary of State

Entity Name: UNIHEALTH OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1190 NW 95TH ST
#401
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

1190 NW 95TH ST
#401
MIAMI, FL 33150 US

New Mailing Address:

FEI Number: 65-0716440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E ESQ
1515 UNIVERSITY DR
STE 214
CORAL SPRINGS, FL 33071 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: PSTD () Delete
Name: BARRAU, CARMEL J
Address: 12765 STONEBROOK DR.
City-St-Zip: DAVIE, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC () Change (X) Addition
Name: BARRAU, JOSEE L
Address: 12765 STONEBROOK DRIVE
City-St-Zip: DAVIE, FL 33330

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: CARMEL BARRAU

PS

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date