

<FOR PROFIT CORPORATION>
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 797000069851

1. Entity Name

United Health Care South, Inc.

FILED

02 MAY 13 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9700 Coral Way

3. Mailing Address

9700 Coral Way

Suite, Apt. #, etc.

Suite: A

Suite, Apt. #, etc.

Suite: A

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

Zip

33165

Country

4. FEI Number

05-0773398

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Raquel L. Medina

Street Address (P.O. Box Number is Not Acceptable)

2505 W. 76 ST.

#106

City

Hialeah

FL

Zip Code

33016

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IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P/D
NAME: Raquel L. Medina
STREET ADDRESS: 2505 W. 76 ST. #106
CITY-ST-ZIP: Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700005556857--3
-05/17/02--01028--009
****600.00 ****600.00

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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

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UNITED HEALTH CARE SOUTH, INC.
DOC.#P98000062887

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .



CORDIALLY
RAQUEL L. MEDINA
PRESIDENT