

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000013189  
Corporation Name

UNICARE HEALTH CENTER CORP

Principal Place of Business

2300 CORAL WAY  
#200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
#200  
MIAMI FL 33145

APPROVED  
AND  
FILED

99 JUN 21 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2-10-98

21	2300 CORAL WAY	26	2300 CPRL WAY	65-0811817	Not Applicable
22	SUITE # 200	27	SUITE # 200	8.75	Additional Fee Required
23	MIAMI FLORIDA	28	MIAMI FLORIDA	55.00	May Be Added to Fees
24	33145	29	33145	Yes	No
25	U.S.	30	U.S.		

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLADYS BULNES  
9230 S.W. 40 STREET  
MIAMI FLORIDA 33165

FLORIDA ANNUAL REPORT SERVICES INC.

2300 CORAL WAY, SUITE # 200

MIAMI FLORIDA 33145.

MIAMI

FL 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

GLADYS BULNES

Signature typed or printed name of registered agent and the applicable

NOTE: Registered agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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-06/24/99--01077--004  
\*\*\*\*150.00 \*\*\*\*150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/99

AFFIDAVIT

State of Florida

) SS

County of Dade

BEFORE ME, an officer duly authorized to administer and take acknowledgements in the State of Florida, at large, this day personally appeared: **GLADYS BULNES**, to me well-known to be the person described in the within AFFIDAVIT, who being first duly SWORN ON OATH according to law, deposes and says:

THAT: I am the sole officer of UNICARE HEALTH CENTER CORP., a Florida corporation, as President, Secretary and Treasurer.

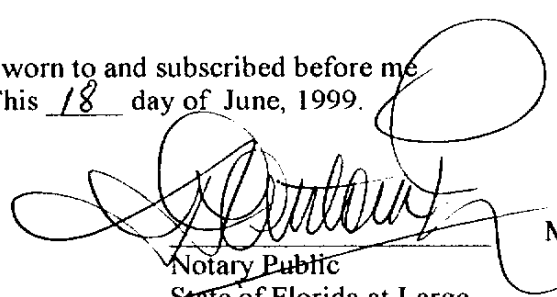
THAT: Up to this date, I never received the 1999 Annual Report form in order to renew the corporation.

THAT: I am enclosing a Check for the amount of \$ 150.00 to the order of the Department of State, together with a photocopy of 1999 Annual Report form prepared by my Resident agent Florida Annual Report Services Inc.

AND FURTHER DEPONENTH SAYETH NOT.

  
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Gladys Bulnes

Sworn to and subscribed before me  
This 18 day of June, 1999.

  
Notary Public  
State of Florida at Large

My commission expires

OFFICIAL NOTARY SEAL AMADA CANTERA LOPEZ NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO CC522230 MY COMMISSION EXP JAN 2, 2000
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