2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # P98000032547

2. Principal Place of Business

Suite, Apt. #, etc.

UNITED HEALTHCARE PROVIDERS, INC.

Mailing Address Principal Place of Business 1051 GULF SIDE DRIVE 1051 GULF SIDE DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792

GILLILAND, LINDA

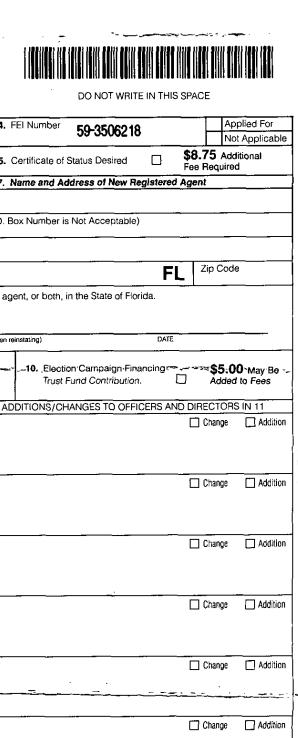
301 HICKORY DRIVE

LONGWOOD FL 32779

WINTER SPRINGS FL 32708

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90065 010 ***150.00



City & State			City & State			4. F	4. FEI Number 59-3506218				Applie	
Zip	Zip	Country						Not Applicable 3.75 Additional B Required				
	6. Name	and Address of Current Re	gistered Agent			7. N	ame and A	dress of New	Registere	d Agent		
	. 1				Name							
		IARD Ĥ To land Seens		Street Address (P.O. Box Number is Not Acceptable)								
CLE	rmont fl	34711			City			<u></u>	F	Zip	Code	
SIGNATURE		y submits this statement for the				e required when rei		er the State of F	DATE	<u> </u>		
Tax filing requirement and elects to do so After MAY 1, 2					! FEE IS \$150.00 10 Fee will be \$550.00 e to Department of State			on Campaign F Fund Contributi			5:00 (dded to	
11. OFFICERS AND DIRECTORS				12.	. ADDITIONS/CHANGES TO OFFICERS AND DIRECT						TORS IN	V 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, rocky Le side drive Park fl 32792	NAME STREET ADDRESS				☐ Cha	nge [☐ Addition			
TITLE NAME STREET ADDRESS	STD FLAHERT		☐ Delete	TITLE NAME STREE	I ADDRESS					☐ Cha	nge [Addition

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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 supplied ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an adjectes, with all other life empowered.

SIGNATURE: 2

CITY-ST-ZIP VV

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CITY-ST-ZIP

NAME

TITLE NAME

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR