

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060831

Entity Name: UNICARE HEALTH SYSTEMS, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

5365 W. ATLANTIC AVE. STE 503
DELRAY BEACH, FL 33484

New Principal Place of Business:

950 N. FEDERAL HWY
111
POMPANO BEACH, FL 33062

Current Mailing Address:

5365 W. ATLANTIC AVE. STE 503
DELRAY BEACH, FL 33484

New Mailing Address:

950 N. FEDERAL HWY
111
POMPANO BEACH, FL 33062

FEI Number: 65-0932481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUPTA, VIJAY K
5365 W. ATLANTIC AVE. STE 503
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

GUPTA, VIJAY K
1309 MIDDLE RIVER DR
FORT LAUDERDALE, FL 33304 US

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:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASELLA, NICHOLAS
Address: 5365 W. ATLANTIC AVE. STE 503
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: GUPTA, VIJAY K
Address: 5365 W ATLANTIC AVE STE 503
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASELLA, NICHOLAS
Address: 950 N. FEDERAL HWY, #111
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change () Addition
Name: GUPTA, VIJAY K
Address: 950 N. FEDERAL HWY, #111
City-St-Zip: POMPANO BEACH, FL 33062

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: VIJAY K. GUPTA

D

04/22/2005

Electronic Signature of Signing Officer or Director

Date