2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P99000060831

Entity Name: UNICARE HEALTH SYSTEMS, INC.

Current Principal Place of Business:

950 N. FEDERAL HWY
111
POMPANO BEACH, FL 33062

New Principal Place of Business:

41 N. FEDERAL HWY
POMPANO BEACH, FL 33062

Current Mailing Address:

950 N. FEDERAL HWY
111
POMPANO BEACH, FL 33062

New Mailing Address:

41 N. FEDERAL HWY
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
1309 MIDDLE RIVER DR
FORT LAUDERDALE, FL 33304 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: D ( ) Delete
Name: CASELLA, NICHOLAS
Address: 950 N. FEDERAL HWY, #111
City-St-Zip: POMPANO BEACH, FL 33062

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CASELLA, NICHOLAS
Address: 41 N. FEDERAL HWY,
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change ( ) Addition
Name: GUPTA, VIJAY K
Address: 41 N. FEDERAL HWY,
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 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: NICHOLAS CASELLA D 04/27/2006

Electronic Signature of Signing Officer or Director — Date