
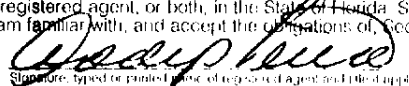


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V27334 (4) 1. Corporation Name UNICO HEALTH CARE, INC.					
Principal Place of Business 42 NW 27TH AVE #305 MIAMI FL 33126			Mailing Address 42 NW 27TH AVE #305 MIAMI FL 33125		
2. Principal Place of Business 21 215 SW 17 AVE Suite, Apt. #, etc. 22 Suite 312 City & State 23 MIAMI FL Zip 24 33135		2a. Mailing Address 26 215 SW 17 AVE Suite, Apt. #, etc. 27 Suite 312 City & State 28 MIAMI FL Zip 29 33135		Country 25 U.S. 30 U.S.	
9. Name and Address of Current Registered Agent PENA, ADDYS 42 NW 27TH AVE #305 MIAMI FL 33125			10. Name and Address of New Registered Agent 81 Name PENA, ADDYS 82 Street Address (P.O. Box Number is Not Acceptable) 215 SW 17 AVE 83 SUITE 312 84 City MIAMI FL 85 Zip Code 33135		
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  ADDYS PENA 4/27/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PENA, ADDYS 42 NW 27TH AVE #305 MIAMI FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PENA, ALBA G 42 NW 27TH AVE #305 MIAMI FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/09/1992

4. FEI Number
65-0351429

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

CR2E034 (10/97)