

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006067

**Entity Name:** UNITED NATIONAL CARE, INC

**Current Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD STE 400  
FT MYERS, FL 33907

**Current Mailing Address:**

840 GEORGIAN HILLS DRIVE  
LAWRENCEVILLE, GA 30045 US

**FEI Number: 85-1084343**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LIBURD, ADOLPHUS  
5237 SUMMERLIN COMMONS BLVD STE 400  
FT MYERS, FL 33907 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JACOBS, CHEVIOT  
Address 840 GEORGIAN HILLS DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

Title T  
Name WALTERS, TASHEIMA  
Address 840 GEORGIAN HILLS DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

Title S  
Name HODGE, TYSHANNA  
Address 840 GEORGIAN HILLS DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

Title CEO  
Name LIBURD, ADOLPHUS  
Address 840 GEORGIAN HILLS DRIVE  
City-State-Zip: LAWRENCEVILLE GA 30045

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADOLPHUS LIBURD**

**CEO**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date