

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003633

Entity Name: UNITED ADULT CARE SERVICES, INC.

Current Principal Place of Business:

11448 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

P.O. BOX 451851
SUNRISE, FL 33345

FEI Number: 26-3929438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LMF SMITH & ASSOCIATES, P.A.
11448 W. SAMPLE RD
CORAL SPRINGS, FL 33065 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 PD
Name SMITH, LISA M
Address P.O. BOX 451851
City-State-Zip: SUNRISE FL 33345

Title CDO
Name SMITH, MARTIN A
Address P.O. BOX 451851
City-State-Zip: SUNRISE FL 33345

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

SIGNATURE: LISA M SMITH

PD

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date