

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90037 018 ***158.75

DOCUMENT # F05000004124

1. Entity Name
UNIQUE NURSING AGENCY, INC.



Principal Place of Business
292 EDGE OF WOODS ROAD
ST AUGUSTINE, FL 32092-0781
189 PINEHURST POINT DR

Mailing Address
189 PINEHURST POINT DR
292 EDGE OF WOODS ROAD
ST AUGUSTINE, FL 32092-0781



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3185148

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRESNER, ROSA
292 EDGE OF WOODS ROAD
ST AUGUSTINE, FL 32092-0781
189 PINEHURST POINT DR

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **C**
NAME **DRESNER, ROSA**
STREET ADDRESS **292 EDGE OF WOODS ROAD**
CITY-ST-ZIP **ST AUGUSTINE, FL 320920781**
189 PINEHURST POINT DR

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSA DRESNER

Date

Daytime Phone #

March 8, 06 904 9406311