2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 26, 2012
Secretary of State

DOCUMENT# F10000003633

Entity Name: UNITED ADULT CARE SERVICES, INC.

Current Principal Place of Business:

11448 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 451851
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 26-3929438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LMF SMITH & ASSOCIATES, P.A.
11448 W. SAMPLE RD
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, LISA M
Address: P.O. BOX 451851
City-St-Zip: SUNRISE, FL 33345

Title: CDO
Name: SMITH, MARTIN A
Address: P.O. BOX 451851
City-St-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 09/26/2012

Electronic Signature of Signing Officer or Director Date