

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # K02512

1. Entity Name
UNIQUE CARE MEDICAL SERVICES, INC.



Principal Place of Business
**2000 NW 89 PLACE
MIAMI, FL 33172 US**

Mailing Address
**2000 NW 89 PL
MIAMI, FL 33172 US**



01192006 No Chg-P GN2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0226166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINARES, AMELIA
2000 NW 89 PLACE
MIAMI, FL 33172**

**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	P
NAME	LINARES, AMELIA
STREET ADDRESS	2000 NW 89 PLACE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000401506
02/02/06--B0046-013 158.75

**DO NOT WRITE
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amelia Linares

01/20/06 305-591-9975

Date

Daytime Phone