2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# K02512

Entity Name: UNIQUE CARE MEDICAL SERVICES, INC.

Current Principal Place of Business:

2000 NW 89 PLACE
MIAMI, FL 33172 US

New Principal Place of Business:

2000 NW 89 PLACE
DORAL, FL 33172 US

Current Mailing Address:

2000 NW 89 PL
MIAMI, FL 33172 US

New Mailing Address:

2000 NW 89 PLACE
DORAL, FL 33172 US

FEI Number: 65-0226166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LINARES, AMELIA
2000 NW 89 PLACE
DORAL, FL 33172 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: AMELIA LINARES 02/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINARES, AMELIA,
Address: 2000 NW 89 PLACE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LINARES, AMELIA
Address: 2000 NW 89 PLACE
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMELIA LINARES P 02/13/2008
Electronic Signature of Signing Officer or Director Date