

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006531

FILED
May 01, 2009
Secretary of State

Entity Name: UNLIMITED CARE, INC.

Current Principal Place of Business:

389 KING ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

389 KING ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 26-0166220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, SHARYL
389 KING ST
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, SHARYL
Address: 389 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: JENNINGS, STEVE
Address: 389 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: SHARYL JOHNSON

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date