

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006854

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** UNITED CARE USA INC.

**Current Principal Place of Business:**

613 COLTS NECK CT.  
COLLEYVILLE, TX 76034 US

**New Principal Place of Business:**

**Current Mailing Address:**

613 COLTS NECK CT.  
COLLEYVILLE, TX 76034 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUTZ, BRENDA C  
25 NORTH K. STREET  
PENSACOLA, FL 32501 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: P/DI  
Name: SAUNDERS, DONALD B SR  
Address: 613 COLTSNECK CT  
City-St-Zip: COLLEYVILLE, TX 76034 US

Title: CFO  
Name: FRAZIER, DEBORAH  
Address: 1005 THORNBERRY  
City-St-Zip: SOUTHLAKE, TX 76092 US

Title: SECR  
Name: LILES, BARBARA  
Address: 7612 PALOMAR ST  
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

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

**SIGNATURE:** DONALD B. SAUNDERS, SR

PRES

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date