

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2010
Secretary of State

Entity Name: UNIVERSAL CARE FOR THE HANDICAPPED, INC.

Current Principal Place of Business:

2202 NORTH WEST SHORE BLVD
SUITE 200
TAMPA, FL 336075749

New Principal Place of Business:

Current Mailing Address:

2202 NORTH WEST SHORE BLVD
SUITE 200
TAMPA, FL 336075749

New Mailing Address:

FEI Number: 11-3367508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, WALLACE B JR.
ATTORNEY AT LAW
2202 NORTH WEST SHORE BLVD, SUITE 200
TAMPA, FL 336075749 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
Name: MCDONALD, FAITH PRES
Address: P. O. BOX 2698
City-St-Zip: LUTZ, FL 33598-269 US

Title: VP
Name: CRAIG, SEAN V P
Address: 5014 E. BUSCH BLVD
City-St-Zip: TAMPA, FL 33617 US

Title: T
Name: DENNIS, PATRICK TRES
Address: 16102 CAMBRIA COURT
City-St-Zip: TAMPA, FL 33647 US

Title: S
Name: FRENCH, ANITA SECY
Address: 4607 EASTWIND DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: A S
Name: ANDERSON, WALLACE B AS SECY
Address: 2202 N WEST SHORE BLVD, SUITE 200
City-St-Zip: TAMPA, FL 33607 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: WALLACE B ANDERSON, JR

AS

04/22/2010

Electronic Signature of Signing Officer or Director

Date