


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119207 1. Entity Name UNIQUE CARE, INC.						FILED 05 FEB 22 AM 11:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 146 PEOPLES RD QUINCY, FL 32352				Mailing Address 146 PEOPLES RD QUINCY, FL 32352			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FRYE, VERA 146 PEOPLES RD QUINCY, FL 32352				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 45-0532807			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				02222005 Chg-P CR2E034 (10/03) <i>MRS</i>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PT FRYE, VERA 146 PEOPLES RD QUINCY, FL 32352				500047932415 03/03/05--01029--017 **150.00			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.							
SIGNATURE: <i>Vera Fye</i>				Date: <i>2-22-05</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			