2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P04000068972

Entity Name: UNIQUE HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

10736 NW 40TH ST.
SUNRISE, FL 33351

New Principal Place of Business:

1900 W COMMERCIAL BLVD
SUITE # 154
FORT LAUDERDALE, FL 33309

Current Mailing Address:

10736 NW 40TH ST.
SUNRISE, FL 33351

New Mailing Address:

1900 W COMMERCIAL BLVD
SUITE# 154
FORT LAUDERDALE, FL 33309

FEI Number: 77-0632397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, PRISCILLA
10736 NW 40TH ST.
SUNRISE, FL 33351 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, PRISCILLA
Address: 10736 NW 40TH ST.
City-St-Zip: SUNRISE, FL 33351

Title: VD (X) Delete
Name: BRUTUS, FORD
Address: 10736 NW 40TH ST.
City-St-Zip: SUNRISE, FL 33351

Title: SD ( ) Delete
Name: FERGUSON, ROCHELLE
Address: 10736 NW 40TH ST.
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: PRISCILLA D. ADAMS PD 05/31/2005

Electronic Signature of Signing Officer or Director Date