2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 02, 2011
Secretary of State

DOCUMENT# P04000068972

Entity Name: UNIQUE HEALTH CARE MANAGEMENT, INC.

Current Principal Place of Business:

3511 W COMMERCIAL BLVD
SUITE # 205
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3511 W COMMERCIAL BLVD
SUITE # 205
FORT LAUDERDALE, FL 33309

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: BRUTUS, FORD
Address: 10736 NW 40TH ST.
City-St-Zip: SUNRISE, FL 33351

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

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

SIGNATURE: PRISCILLA DORNA ADAMS PD 08/02/2011

Electronic Signature of Signing Officer or Director Date