

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068972

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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: FERGUSON, ROCHELLE  
Address: 10736 NW 40TH ST.  
City-St-Zip: SUNRISE, FL 33351

Title: SD  
Name: FERGUSON, NICOLE  
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 D. ADAMS

PD

04/30/2012

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

\_\_\_\_\_ Date