

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096059

FILED
Apr 29, 2005
Secretary of State

Entity Name: UNIQUE FAMILY CARE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

2581 JUPITER PARK DR SUITE E-13
JUPITER, FL 33458

New Principal Place of Business:

2581 JUPITER PARK DR.
SUITE E-13
JUPITER, FL 33458

Current Mailing Address:

2581 JUPITER PARK DR SUITE E-13
JUPITER, FL 33458

New Mailing Address:

2581 JUPITER PARK DR.
SUITE E-13
JUPITER, FL 33458

FEI Number: 56-2467876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, TOM
1030 U.S. HWY. ONE #113
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

GOEGELMAN-KEREKESS, CINDY
126 SEASHORE DRIVE
JUPITER, FL 33477 US

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: CINDY GOEGELMAN-KEREKESS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOEGELMAN-KEREKESS, CINDY
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33417

Title: C () Delete
Name: HOGAN, DORENE
Address: 1030 U.S. HWY. ONE #14
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VC () Delete
Name: KEREKESS, VASILIJ
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33417

Title: SCFO () Delete
Name: HOGAN, TOM
Address: 1030 U.S. HWY. ONE #113
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOEGELMAN-KEREKESS, CINDY M PRESIDE
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33477

Title: C (X) Change () Addition
Name: HOGAN, DORENE
Address: 1030 U.S. HWY. ONE #114
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VC (X) Change () Addition
Name: KEREKESS, VASILIJ
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33477

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: CINDY GOEGELMAN-KEREKESS

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date