

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096059

FILED  
May 03, 2006  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 56-2467876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KEREKES, VASILIJ  
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: KEREKES

05/03/2006

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: P ( ) Delete  
Name: GOEGELMAN-KEREKES, CINDY M PRESIDE  
Address: 126 SEASHORE DRIVE  
City-St-Zip: JUPITER, FL 33477

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

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

Title: SCFO (X) 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-KEREKES, CINDY M PRESIDE  
Address: 126 SEASHORE DRIVE  
City-St-Zip: JUPITER, FL 33477 PB

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

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 Chapter 119, 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: KEREKES

V

05/03/2006

Electronic Signature of Signing Officer or Director

Date