

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096059

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

120 US HWY 1
STE 2
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

120 US HWY 1
STE 2
N. PALM BEACH, FL 33408

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:

KEREKESS, VASILIJIS
120 US HWY 1
STE 2
N. PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: V () Delete
Name: KEREKESS, VASILIJIS
Address: 126 SEASHORE DRIVE
City-St-Zip: JUPITER, FL 33477 PB

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: KEREKESS

VP

04/30/2008

Electronic Signature of Signing Officer or Director

Date