

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000007498 1. Entity Name UNLIMITED CARE CENTER, INC.						FILED 08 OCT 16 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 761 E. OKEECHOBEE RD. HIALEAH, FL 33010				Mailing Address 761 E. OKEECHOBEE RD HIALEAH, FL 33010			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SECO, GILBERTO MD 761 E. OKEECHOBEE RD HIALEAH, FL 33010				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number 20-4202952				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME SECO, GILBERTO MD. STREET ADDRESS 761 E. OKEECHOBEE RD. CITY-ST-ZIP HIALEAH, FL 33010				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/9/08 (305) 882-8223 <small>Daytime Phone #</small>			