

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094523

FILED
Jan 04, 2010
Secretary of State

Entity Name: ULTIMATE HEALTH CARE, INC.

Current Principal Place of Business:

14335 SW 120 ST STE 211
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14335 SW 120 ST STE 211
MIAMI, FL 33186

New Mailing Address:

FEI Number: 01-0904523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMEJO, KAREN M
1211 NE 82 ST
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

CAMEJO, KAREN M
14335 SW 120 ST
211
MIAMI, FL 33186 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: KAREN M CAMEJO

01/04/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: FERNANDEZ, GISELA M
Address: 11656 SW 143 AVE
City-St-Zip: MIAMI, FL 33186

Title: VPD
Name: CAMEJO, KAREN M
Address: 14335 SW 120 ST STE 211
City-St-Zip: MIAMI, FL 33186

Title: VPD
Name: MARQUEZ, REYNALDO
Address: 11656 SW 143 AVE
City-St-Zip: MIAMI, FL 33186

Title: VPD
Name: SANTOS, ARMANDO J
Address: 12452 SW 122 ST
City-St-Zip: MIAMI, FL 33186

Title: VPD
Name: FERNANDEZ, ODALYS M
Address: 12452 SW 122 ST
City-St-Zip: MIAMI, FL 33186

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: GISELA M FERNANDEZ

P

01/04/2010

Electronic Signature of Signing Officer or Director

Date