

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094523

FILED
Jan 20, 2011
Secretary of State

Entity Name: ULTIMATE HEALTH CARE, INC.

Current Principal Place of Business:

14221 W 120 ST
STE 124
MIAMI, FL 33186

New Principal Place of Business:

14221 SW 120 ST
STE 124
MIAMI, FL 33186

Current Mailing Address:

14221 W 120 ST
STE 124
MIAMI, FL 33186

New Mailing Address:

14221 SW 120 ST
STE 124
MIAMI, FL 33186

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
14335 SW 120 ST
211
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FERNANDEZ, ODALYS M
14221 SW 120 ST
STE 124
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: ODALYS M FERNANDEZ

01/20/2011

Electronic Signature of Registered Agent

Date

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: 14221 SW 120 ST STE124
City-St-Zip: MIAMI, FL 33186

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

Title: VPD
Name: SANTOS, ARMANDO J
Address: 15432 SW 112 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: VPD
Name: FERNANDEZ, ODALYS M
Address: 15432 SW 112 TERRACE
City-St-Zip: MIAMI, FL 33196

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

DP

01/20/2011

Electronic Signature of Signing Officer or Director

Date