

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030757

Entity Name: R A Y UNITED CARE INC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

106 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 US

**New Mailing Address:**

FEI Number: 26-4392199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASS ABDUL AHAD, ZUHIR  
106 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KASS ABDUL AHAD, ZUHIR  
Address: 106 MAGNOLIA PARK TRAIL  
City-St-Zip: SANFORD, FL 32773 US

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: KASS ABDUL AHAD ZUHIR

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date