

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032810

FILED
Jul 30, 2011
Secretary of State

Entity Name: ULTIMATE CARE PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

10240 SW 56 STREET STE #113-D
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10240 SW 56 STREET STE #113-D
MIAMI, FL 33165

New Mailing Address:

FEI Number: 26-2371744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JALIL, ADRIANA C
10240 SW 56 STREET STE #113-D
MIAMI, FL 33165 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: DP
Name: JALIL, ADRIANA C
Address: 15552 SW 21 TERRACE
City-St-Zip: MIAMI, FL 331875

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: ADRIANA JALIL

P

07/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date