

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047094

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** UNIQUE HEALTHCARE OF ORLANDO, INC.

**Current Principal Place of Business:**

10902 DYLAN LOREN CIR  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

10902 DYLAN LOREN CIR  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 80-0419559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A. ANTHONY GIOVANOLI, P.A.  
1565 ORANGE AVENUE  
WINTER PARK, FL 32789 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: PTD  
Name: VAN DER KUIJL, RONALD  
Address: 10902 DYLAN LOREN CIR  
City-St-Zip: ORLANDO, FL 32825 US

Title: VPSD  
Name: VAN DER KUIJL, GRACE  
Address: 10902 DYLAN LOREN CIR  
City-St-Zip: ORLANDO, FL 32825 US

Title: DIR  
Name: EDWARDS, DONALD C MD.  
Address: 10902 DYLAN LOREN CIR  
City-St-Zip: ORLANDO, FL 32825 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: RONALD VANDERKUYL

PR

01/13/2011

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

\_\_\_\_\_  
Date