

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003221

FILED
Apr 12, 2011
Secretary of State

Entity Name: UNIQUEMED HOME HEALTH CARE SERVICES INC.

Current Principal Place of Business:

3550 23RD AVE S
SUITE 4
LAKE WORTH, FL 33461

New Principal Place of Business:

4050 WESTGATE AVE
SUITE 104
WEST PALM BEACH, FL 33409

Current Mailing Address:

3550 23RD AVE S
SUITE 4
LAKE WORTH, FL 33461

New Mailing Address:

4050 WESTGATE AVE
SUITE 104
WEST PALM BEACH, FL 33409

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMAS, EDDY
3550 23RD AVE S
SUITE 4
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

THOMAS, EDDY
4050 WESTGATE AVE
SUITE 104
WEST PALM BEACH, FL 33409 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: EDDY THOMAS

04/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ALIANCIN, ISAAC
Address: 4050 WESTGATE AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D
Name: THOMAS, EDDY
Address: 4050 WESTGATE AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D
Name: POITIER, SHAUNICO
Address: 4050 WESTGATE AVE
City-St-Zip: WEST PALM BEACH, FL 33409

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: ISAAC ALIANCIN

D

04/12/2011

Electronic Signature of Signing Officer or Director

Date