

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046650

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSAL HOME CARE OF ST LUCIE, INC

**Current Principal Place of Business:**

3273 S.W. CONSTELLATION STREET  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7246  
PORT ST LUCIE, FL 34985

**New Mailing Address:**

**FEI Number:** 27-2752491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LILAVOIS, ALDY  
3273 S.W. CONSTELLATION STREET  
PORT ST LUCIE, FL 34953 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:** PRES  
**Name:** LILAVOIS, ALDY  
**Address:** PO BOX 7246  
**City-St-Zip:** PORT ST LUCIE, FL 34985

**Title:** VP  
**Name:** LILAVOIS, GREGORY  
**Address:** PO BOX 7246  
**City-St-Zip:** PORT ST LUCIE, FL 34985

**Title:** VP  
**Name:** LILAVOIS, CLIFFORD  
**Address:** PO BOX 7246  
**City-St-Zip:** PORT ST LUCIE, FL 34985

**Title:** SEC  
**Name:** LILAVOIS, PATRICK  
**Address:** PO BOX 7246  
**City-St-Zip:** PORT ST LUCIE, FL 34985

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:** PATRICK LILAVOIS

SEC

04/04/2011

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

\_\_\_\_\_  
Date