2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067803

Entity Name: UNI/CARE SYSTEMS, INC.

FILED Mar 24, 2012 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

540 N TAMIAMI TR

SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3618 5237 HHR RANCH ROAD SARASOTA, FL 342303618 US WILSON, WY 83014 US

FEI Number: 38-2348483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AHDAB, MAY

540 N TAMIAMI TR

SARASOTA, FL 34236 US

INCORP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470 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: MARK SULLIVAN 03/24/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO

 Name:
 AHDAB, MAY

 Address:
 540 N TAMIAMI TR

 City-St-Zip:
 SARATSOTA, FL 34236

Title: PRES

Name: ALLEN, COLLEEN
Address: 540 N TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 38236

Title: VP

Name: SMITH, PETER
Address: 540 N TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34236

Title: TREA

Name: AHDAB, MAY

Address: 540 NORTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34236

Title: SEC

Name: AHDAB, MAY

Address: 540 NORTH TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34236

Title: GC

Name: SULLIVAN, MARK
Address: 5237 HHR RANCH ROAD
City-St-Zip: WILSON, WY 83014

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: MARK SULLIVAN GC 03/24/2012