


FILED  
Feb 09, 2006 8:00 am  
Secretary of State

02-09-2006 90024 036 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000026631</b> 1. Entity Name <b>ULTIMATE HEALTH CARE SUPPLIES &amp; SERVICES, INC.</b>	
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Principal Place of Business <b>5711 NW 60TH ST. PARKLAND, FL 33067</b>	Mailing Address <b>5711 NW 60TH ST. PARKLAND, FL 33067</b>
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**DO NOT WRITE IN THIS SPACE**

01182008 No Chg-P CR2E034 (11/06)

4. FEI Number <b>65-0652561</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**TUCKER, JOHN  
5711 NW 60 ST  
PARKLAND, FL 33067**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **1/29/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP TUCKER, JOHN H 5711 NW 60TH ST. PARKLAND, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P. TUCKER, SHERYLL T 5711 NW 60 ST PARKLAND, FL</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 