

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90234 047 \*\*\*150.00

DOCUMENT # P97000056523

1. Corporation Name  
CARE UNLIMITED HEALTH CARE SERVICES INC.



Principal Place of Business  
6045 KIMBERLY BLVD.  
SUITE C  
N. LAUDERDALE FL 33068

Mailing Address  
6045 KIMBERLY BLVD.  
SUITE C  
N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number *New*  
65-0767105 *65-0850868*

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 6047 Kimberly Blvd.  
Suite, Apt. #, etc.  
22 Suite B.  
City & State  
23 N. Lauderdale Fl.  
Zip  
24 33064

2a. Mailing Address  
26 6047 Kimberly Blvd.  
Suite, Apt. #, etc.  
27 Suite B.  
City & State  
28 N. Lauderdale, FL.  
Zip  
29 33064

Country  
30 USA

9. Name and Address of Current Registered Agent

WILBURN, LECRESHA  
5720 LAKESIDE DR. #609  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name Lecresha Wilburn.  
82 Street Address (P.O. Box Number is Not Acceptable)  
715 NW 42 PL.  
83 Pompano Beach, Fl. 33064.  
84 City Pompano Beach, FL 85 Zip Code 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WILBURN, LECRESHA  
STREET ADDRESS 6045 KIMBERLY BLVD., SUITE C  
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE V  
NAME HENRY, WINSOME  
STREET ADDRESS 6045 KIMBERLY BLVD. SUITE C  
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE  
NAME CHARMAINA Rhodes.  
STREET ADDRESS 6047 Kimberly Blvd.  
CITY-ST-ZIP N. Lauderdale, Fla 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary.  
1.2 NAME CHARMAINA Rhodes.  
1.3 STREET ADDRESS 6047 Kimberly Blvd.  
1.4 CITY-ST-ZIP N. Lauderdale, Fla 33068

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Lecresha Wilburn  
1300 Zeno Wilburn

Date

Daytime Phone #

4/21/99

954-968-3939

CR2E034 (11/98)

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