FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **S96675** **(1)**

1. Corporation Name
UNLIMITED HEALTH CARE SERVICES, INC.

Principal Place of Business
3170 N FEDERAL HIGHWAY
SUITE 106
LIGHTHOUSE POINT FL 33064
US

Mailing Address
3170 N FEDERAL HIGHWAY
SUITE 106
LIGHTHOUSE POINT FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (12 digits): **11/27/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **65-0302375** — 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. The corporation is an insurance company, or is organized or licensed under Chapter Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HANNAKA, SHERRY L
3170 N FEDERAL HIGHWAY
SUITE ~~114~~ 106
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable): # 106 The West Sand
03
04 City: **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS
D
NAME: HANNAKA, SHERRY L
STREET ADDRESS: 3170 N FEDERAL HIGHWAY 106
CITY, ST, ZIP: LIGHTHOUSE POINT FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and clearly set forth in the articles of incorporation on file with the Florida Department of State, that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE: Sherry L. Hannaka 5/1/95 305-783-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherry L. Hannaka

0106010 CP