

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -7 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S96675**

1. Corporation Name

**UNLIMITED HEALTH CARE SERVICES, INC.**

Principal Place of Business

Mailing Address

3170 N FEDERAL HIGHWAY  
SUITE 106  
LIGHTHOUSE POINT FL 33064  
US

3170 N FEDERAL HIGHWAY  
SUITE 106  
LIGHTHOUSE POINT FL 33064  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

change to  
# 107

Suite, Apt. #, etc.  
107 - change

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/27/1991

5. FEI Number

65-0302375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HANNAKA, SHERRY L	3170 N FEDERAL HIGHWAY #106-107	LIGHTHOUSE POINT FL

700008878887  
11/07/02--01089--005 \*\*150.00

8. Name and Address of Current Registered Agent

HANNAKA, SHERRY L  
3170 N FEDERAL HIGHWAY  
#106  
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Sherry L Hannaka*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/4/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Sherry L Hannaka*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02

CR2E040 (8/02)



November 4, 2002

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To: Division of Corporations

This letter is to confirm that Unlimited Health Care Services, Inc. did not receive prior uniform business report (UBR) notices. Unlimited Health Care did move, however we did notify the United Postal Services of address-change. All of our mail has been forwarded to the corrected address. If you have any questions, please contact me at 954-783-1998.

Enclosed is the completed application for reinstatement.

Sincerely,

A handwritten signature in cursive script that reads "Sherry L. Hannaka".

Sherry L. Hannaka, MS