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. 05/05/2020 OWNER

SIGNATURE: PEDRO E RODRIGUEZ

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000048021

## Entity Name: UNLIMITED HOME HEALTH SERVICES, CORP.

## **Current Principal Place of Business:**

7370 COLLEGE PKWY SUITE 205 FORT MYERS, FL 33907

#### **Current Mailing Address:**

7370 COLLEGE PKWY SUITE 205 FORT MYERS, FL 33907

## FEI Number: 27-2802680

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

TAX CENTER USA GROUP, LLC. 2350 W 84TH STREET 18 HIALEAH, FL 33016 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:

Officer/Director Detail :			
Title	DP	Title	DPS
Name	RODRIGUEZ, PEDRO E	Name	RODRIGUEZ, PEDRO E
Address	7370 COLLEGE PKWY SUITE 205	Address	7370 COLLEGE PARKWAY, SUITE 205
City-State-Zip:	FT. MYERS FL 33907	City-State-Zip:	FT.MYERS FL 33907

# Certificate of Status Desired: No

FILED May 05, 2020 Secretary of State 7953974772CC

Date

Date