

**2023 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, PEDRO  
7370 COLLEGE PKWY  
205  
AAPE CORAL, FL 33907 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:** PEDRO E RODRIGUEZ

01/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name RODRIGUEZ, PEDRO E  
Address 7370 COLLEGE PKWY SUITE 205  
City-State-Zip: FT. MYERS FL 33907

Title DPS  
Name RODRIGUEZ, PEDRO E  
Address 7370 COLLEGE PARKWAY, SUITE 205  
City-State-Zip: FT.MYERS FL 33907

*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.*

**SIGNATURE:** PEDRO E RODRIGUEZ

DP

01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date