

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000061165

**Entity Name:** UAB CARE SERVICES, INC

**Current Principal Place of Business:**

2016 NE 182 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2016 NE 182 STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 45-2708625

**Certificate of Status Desired:** No

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

SUPERIOR ADMINISTRATIVE SERVICES, INC  
15635 NW 2ND COURT  
MIAMI, FL 33169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            BERNABE, URSULA A  
Address        2016 NE 182 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** URSULA A. BERNABE

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date