

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058399

Entity Name: UNLIMITED HEALTHCARE PROVIDER INC

Current Principal Place of Business:

2101 VISTA PARKWAY
273
WEST PLAM BEACH, FL 33411

Current Mailing Address:

2101 VISTA PARKWAY
273
WEST PLAM BEACH, FL 33411 US

FEI Number: 46-5175376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN-FRANCOIS, SHERMANDA
2101 VISTA PARKWAY
273
WEST PLAM BEACH, FL 33411 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: SHERMANDA JEAN-FRANCOIS

03/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JEAN-FRANCOIS, SHERMANDA
Address 2101 VISTA PARKWAY
273
City-State-Zip: WEST PLAM BEACH FL 33411

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: SHERMANDA JEAN-FRANCOIS

OWNER

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date