

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000058399

**Entity Name:** UNLIMITED HEALTHCARE PROVIDER INC

**Current Principal Place of Business:**

10982 GREENTRAIL DRIVE S  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

10982 GREENTRAIL DRIVE S  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 46-5175376

**Certificate of Status Desired:** Yes

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

JEAN-FRANCOIS, SHERMANDA  
10982 GREENTRAIL DRIVE S  
BOYNTON BEACH, FL 33436 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

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name JEAN-FRANCOIS, SHERMANDA  
Address 10982 GREENTRAIL DRIVE S  
City-State-Zip: BOYNTON BEACH FL 33436

Title P  
Name FRANCOIS, ARDY J  
Address 10982 GREENTRAIL DRIVE S  
City-State-Zip: BOYNTON BEACH FL 33436

*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

**DIRECTOR**

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date