

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058399

Entity Name: UNLIMITED HEALTHCARE PROVIDER INC

Current Principal Place of Business:

7040 SEMINOLE PRATT WHITNEY ROAD
SUITE 174
LOXAHATCHEE, FL 33470

Current Mailing Address:

7040 SEMINOLE PRATT WHITNEY ROAD
SUITE 174
LOXAHATCHEE, FL 33470 US

FEI Number: 46-5175376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN-FRANCOIS, SHERMANDA
7040 SEMINOLE PRATT WHITNEY ROAD
SUITE 174
LOXAHATCHEE, FL 33470 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

02/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	JEAN-FRANCOIS, SHERMANDA
Address	7040 SEMINOLE PRATT WHITNEY ROAD SUITE 174
City-State-Zip:	LOXAHATCHEE FL 33470

Title	P
Name	FRANCOIS, ARDY J
Address	7040 SEMINOLE PRATT WHITNEY ROAD SUITE 174
City-State-Zip:	LOXAHATCHEE FL 33470

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

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date