

**2023 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

03/02/2023

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

**DIRECTOR**

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date