

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058399

Entity Name: UNLIMITED HEALTHCARE PROVIDER INC

Current Principal Place of Business:

556 NE 19TH AVENUE
BOYNTON BEACH, FL 33435

Current Mailing Address:

556 NE 19TH AVENUE
BOYNTON BEACH, FL 33435 US

FEI Number: 46-5175376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN-FRANCOIS, SHERMANDA
556 NE 19TH AVENUE
BOYNTON BEACH, FL 33435 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

04/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JEAN-FRANCOIS, SHERMANDA
Address 556 NE 19TH AVENUE
City-State-Zip: BOYNTON BEACH FL 33435

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

PRESIDENT

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date