

**2016 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

04/08/2016

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

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date