

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000058399

Entity Name: UNLIMITED HEALTHCARE PROVIDER INC

Current Principal Place of Business:

6615 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437

Current Mailing Address:

6615 W BOYNTON BEACH BLVD
BOYNTON BEACH, FL 33437 US

FEI Number: 46-5175376

Certificate of Status Desired: No

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

06/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JEAN-FRANCOIS, SHERMANDA
Address 6615 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BEACH FL 33437

Title P
Name FRANCOIS, ARDY J
Address 6615 W BOYNTON BEACH BLVD
City-State-Zip: BOYNTON BEACH FL 33437

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

06/08/2020

Electronic Signature of Signing Officer/Director Detail

Date