

2015 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P14000058399

Entity Name: UNLIMITED HEALTHCARE PROVIDER INC

Current Principal Place of Business:

4500 BELVEDERE ROAD
SUITE A
WEST PALM BEACH, FL 33415

Current Mailing Address:

4500 BELVEDERE ROAD
SUITE A
WEST PALM BEACH, FL 33415 US

FEI Number: 46-5175376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEAN-FRANCOIS, SHERMANDA
4500 BELVEDERE ROAD
SUITE A
WEST PALM BEACH, FL 33415 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

12/21/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JEAN-FRANCOIS, SHERMANDA
Address 4500 BELVEDERE ROAD
SUITE A
City-State-Zip: WEST PALM BEACH FL 33415

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

12/21/2015

Electronic Signature of Signing Officer/Director Detail

Date