

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000053600

**Entity Name:** UNITED FAMILY HEALTH CARE INC

**Current Principal Place of Business:**

6841 SW 147 AVENUE  
G3  
MIAMI, FL 33193

**Current Mailing Address:**

6841 SW 147 AVENUE  
G3  
MIAMI, FL 33193 US

**FEI Number:** 83-0888073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIN GAMBOA, KENIA E  
6841 SW 147 AVENUE  
G3  
MIAMI, FL 33193 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CHIN GAMBOA, KENIA E  
Address 6841 SW 147 AVENUE  
G3  
City-State-Zip: MIAMI FL 33193

*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:** KENIA E CHIN GAMBOA

**PRESIDENT**

**04/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date