

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S96675

**Entity Name:** UNLIMITED HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

3170 N FEDERAL HIGHWAY  
SUITE 107  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

3170 N FEDERAL HIGHWAY  
SUITE 107  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number:** 65-0302375

**Certificate of Status Desired:** No

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

HANNAKA, SHERRY L  
3170 N FEDERAL HIGHWAY  
SUITE #107  
LIGHTHOUSE POINT, FL 33064 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            PRES  
Name            HANNAKA, SHERRY L  
Address        3170 N FEDERAL HIGHWAY #107  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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:** SHERRY HANNAKA

**PRES**

**04/23/2013**

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

\_\_\_\_\_  
Date