

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000002079

**Entity Name:** UNIQUE FLORIDA HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

12505 NW 23RD AVE  
MIAMI, FL 33167

**Current Mailing Address:**

12505 NW 23RD AVE  
MIAMI, FL 33167

**FEI Number:** 83-3549688

**Certificate of Status Desired:** No

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

QPS TAX SERVICES LLC  
3600 S STATE ROAD 7  
SUITE 214  
MIRAMAR, FL 33023 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

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	OKEGBENRO, MORIAMO B	Name	SALISU, KAYODE
Address	12505 NW 23RD AVE	Address	649 CLARIDGE DRIVE
City-State-Zip:	MIAMI FL 33167	City-State-Zip:	MIRAMAR FL 33025

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OKEGBENRO MORIAMO

MGR

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date