

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007028

**FILED**  
**Apr 08, 2013**  
**Secretary of State**  
**CC3599137148**

**Entity Name:** UNIFIED CARING ASSOCIATION, INC.

**Current Principal Place of Business:**

404 NORTH MOUNT SHASTA BLVD  
MOUNT SHASTA, CA 96067

**Current Mailing Address:**

404 NORTH MOUNT SHASTA BLVD  
MOUNT SHASTA, CA 96067 US

**FEI Number:** 43-1727979

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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 PR/S/ D  
Name MICHEL, LANE  
Address 404 NORTH MOUNT SHASTA BLVD  
City-State-Zip: MOUNT SHASTA CA 96067

Title TRD  
Name RUSSO, LUNA  
Address 404 NORTH MOUNT SHASTA BLVD  
City-State-Zip: MOUNT SHASTA CA 96067

Title DIR  
Name COLEMAN, DYLAN  
Address 404 NORTH MOUNT SHASTA BLVD  
City-State-Zip: MOUNT SHASTA CA 96067

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DYLAN COLEMAN , MGG

**DIR**

**04/08/2013**

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

\_\_\_\_\_  
Date