

1.) CORPORATION NAME:

UNI/CARE SYSTEMS, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**VIRGINIA PROFESSIONAL SERVICES LLC
3850 GASKINS RD STE 120
RICHMOND, VA**

SCC ID NO: **F1896424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 540 N Tamiami Trail

CITY/ST/ZIP: Sarasota, FL 34236

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MAY AHDAB TITLE: Treas/Sec/CEO ADDRESS: 540 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: May Ahdab TITLE: CHAIRMAN ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Leigh Orlov TITLE: PRESIDENT ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter Smith TITLE: VP/Ast Sec ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Peter Smith TITLE: CFO ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Stephen G Barker TITLE: VP/CTO ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Clayton L Ramsey TITLE: SR VP ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: William N Tilghman TITLE: SR VP ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Keith A Vargo TITLE: SR VP ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Peter Smith	Peter Smith, VP/Ast Sec	4/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		