

1.) CORPORATION NAME:

**UNI/CARE SYSTEMS, INC.**

DUE DATE: **5/31/2014**

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
COMV	500,000
COMNV	60,000

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.

<p>NAME: LEIGH ORLOV TITLE: PRESIDENT ADDRESS: 540 N TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN G BARKER TITLE: VP/CTO ADDRESS: 540 N TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CLAYTON L RAMSEY TITLE: SR VP ADDRESS: 540 N TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM N TILGHMAN TITLE: SR VP ADDRESS: 540 N TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MAY AHDAB TITLE: TREAS/SEC/CEO ADDRESS: 540 NORTH TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MAY AHDAB TITLE: CHAIRMAN ADDRESS: 540 N TAMIAMI TRAIL CITY/ST/ZIP/CO: SARASOTA, FL 34236</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Michael Jason Ochipa TITLE: CFO/Vice Pres. ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: William C Keyes TITLE: SR VP ADDRESS: 540 N Tamiami Trail CITY/ST/ZIP/CO: Sarasota, FL 34236	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Michael JasonOchipa	Michael JasonOchipa,	5/29/2014
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.