

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002126

Entity Name: ALL ABOUT HOME CARE, INC.**Current Principal Place of Business:**2310 NORTH AIRPORT ROAD
FORT MYERS, FL 33907**Current Mailing Address:**2310 NORTH AIRPORT ROAD
FORT MYERS, FL 33907**FEI Number:** 20-8542270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, WESTON R
2310 NORTH AIRPORT ROAD
FORT MYERS, FL 33907 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 P
Name EDWARDS, WESTON R
Address 2310 NORTH AIRPORT ROAD
City-State-Zip: FORT MYERS FL 33907

Title CD
Name MURRAY, ROBERT L
Address 6200 WHISKEY CREEK DRIVE
City-State-Zip: FORT MYERS FL 33919

Title VC, DIRECTOR
Name MCCURDY, ROBERT C
Address 1613 NORTHEAST SIXTH TERRACE
City-State-Zip: CAPE CORAL FL 33909

Title SD
Name CARLSON, SHEILA
Address 7221 KUMQUAT ROAD
City-State-Zip: FORT MYERS FL 33967

Title TREASURER, DIRECTOR
Name MOLZOW, TRICIA
Address 2820 SE 19TH PLACE
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name VANDUIJN, ARIE J.
Address 12601 STRATHMORE LOOP
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name STECHER, JO
Address 633 ASTARIAS CIRCLE
City-State-Zip: FORT MYERS FL 33965

Title DIRECTOR
Name WHARTON, SANDRA
Address 2310 NORTH AIRPORT ROAD
City-State-Zip: FORT MYERS FL 33907

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: WESTON R. EDWARDS**PRESIDENT/CEO****03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date