2019 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

FILED Feb 08, 2019

Secretary of State

8582519431CC

Officer/Director Detail :

Title Title CHAIRMAN

EDWARDS, WESTON R MURRAY, ROBERT L Name Name

2310 NORTH AIRPORT ROAD 2310 NORTH AIRPORT ROAD Address Address

City-State-Zip: FORT MYERS FL 33907 FORT MYERS FL 33907 City-State-Zip:

Title **TREASURER** Title VC

Name CARLSON, SHEILA MCCURDY, ROBERT C Name

Address 2310 NORTH AIRPORT ROAD Address 2310 NORTH AIRPORT ROAD

FORT MYERS FL 33907 City-State-Zip: City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR Title **DIRECTOR**

Name STECHER, JO Name VANDUIJN, ARIE J.

Address 2310 NORTH AIRPORT ROAD 2310 NORTH AIRPORT ROAD Address FORT MYERS FL 33907

City-State-Zip: FORT MYERS FL 33907 City-State-Zip:

Title **SECRETARY**

WHARTON, SANDRA Name

2310 NORTH AIRPORT ROAD Address 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.

02/08/2019 SIGNATURE: WESTON EDWARDS PRESIDENT/CEO

Electronic Signature of Signing Officer/Director Detail

Date