

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000063137

Entity Name: ALL HEART HOME HEALTH CARE INC**Current Principal Place of Business:**12734 KENWOOD LANE
SUITE 69
FORT MYERS, FL 33907**Current Mailing Address:**12734 KENWOOD LANE
SUITE 69
FORT MYERS, FL 33907 US**FEI Number:** 46-0603257**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RODRIGO, RONALD
13080 BROOKSHIRE LAKE BLVD
FORT MYERS, FL 33966 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	CEO
Name	RODRIGO, VINCENT
Address	12734 KENWOOD LANE SUITE 69
City-State-Zip:	FORT MYERS FL 33907

Title	P
Name	RODRIGO, TERESITA
Address	12734 KENWOOD LANE SUITE 69
City-State-Zip:	FORT MYERS FL 33907

Title	CFO
Name	RODRIGO, RONALD
Address	12734 KENWOOD LANE SUITE 69
City-State-Zip:	FORT MYERS FL 33907

Title	COO
Name	RODRIGO, ROBERT
Address	12734 KENWOOD LANE SUITE 69
City-State-Zip:	FORT MYERS FL 33907

Title	VP
Name	RODRIGO, RODNEY
Address	12734 KENWOOD LANE SUITE 69
City-State-Zip:	FORT MYERS FL 33907

Title	S
Name	RODRIGO, RACHEL
Address	12734 KENWOOD LANE SUITE 69
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD RODRIGO

CFO

04/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date