

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052801

**Entity Name:** ALOHA CARE, INC.

**Current Principal Place of Business:**

817 N PALAFOX STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

817 N PALAFOX STREET  
PENSACOLA, FL 32502 US

**FEI Number:** 81-3110987

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROBELLO, STACY  
817 N PALAFOX STREET  
PENSACOLA, FL 32502 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            DPS  
Name            ROBELLO, CHAD KAIPO  
Address        817 N PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32502

Title            DVT  
Name            ROBELLO, STACY  
Address        817 N PALAFOX STREET  
City-State-Zip: PENSACOLA FL 32502

*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:** STACY ROBELLO

VP

01/31/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date