

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000052801

Entity Name: ALOHA CARE, INC.

Current Principal Place of Business:

100 N. SPRING STREET
PENSACOLA, FL 32502

Current Mailing Address:

100 N SPRING STREET
PENSACOLA, FL 32502 US

FEI Number: 81-3110987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBELLO, STACY
100 N SPRING 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 | Title | DVT |
| Name | ROBELLO, CHAD KAIPO | Name | ROBELLO, STACY |
| Address | 100 N SPRING STREET | Address | 100 N SPRING STREET |
| City-State-Zip: | PENSACOLA FL 32502 | 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: CHAD KAIPO ROBELLO

OWNER

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date