

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052801

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

**Current Principal Place of Business:**

817 N PALAFOX STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

817 N PALAFOX STREET  
PENSACOLA, FL 32501 US

**FEI Number:** 81-3110987

**Certificate of Status Desired:** No

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

ROBELLO, STACY  
817 N PALAFOX STREET  
PENSACOLA, FL 32501 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	817 N PALAFOX STREET	Address	817 N PALAFOX STREET
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501

*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**

**02/14/2024**

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

\_\_\_\_\_  
Date