

2021 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: Yes

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

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date