

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005778

Entity Name: ALOHACARE (HAWAII) INC.

Current Principal Place of Business:

1357 KAPIOLANI BLVD
STE G101
HONOLULU, HI 96814

FILED
Apr 10, 2024
Secretary of State
7887612629CC

Current Mailing Address:

1357 KAPIOLANI BLVD
STE G101
HONOLULU, HI 96814 US

FEI Number: 99-0305919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIANA, ADAM ASSISTANT SECRETARY
115 NORTH CALHOUN STREET STE 4
TALLAHSSEE, FL 32301 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: ADAM TRIANA

04/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD TREASURER, DIRECTOR
Name TAAFFE , RICHARD
Address HAWAII ISLAND COMMUNITY HEALTH CENTER
75-5751 KUAKINI HIGHWAY, SUITE 203
City-State-Zip: KAILUA-KONA HI 96740

Title PRESIDENT, DIRECTOR
Name ONEHA, MARY
Address 41-1347 KALANIANAOLE HIGHWAY
City-State-Zip: WAIMANALO HI 96795

Title BOARD VICE PRESIDENT
Name CARPENTER, IRENE
Address HAMAKUA- KOHALA HEALTH CENTER
45-549 PLUME
45-549 PLUMERIA STREET
City-State-Zip: HONOKAA HI 96727

Title CEO
Name CULLEY-TROTMAN , FRANCOISE
Address 1357 KAPIOLANI BLVD
STE G101
City-State-Zip: HONOLULU HI 96814

Title SECRETARY
Name AKAKA, GERARD
Address 1301 PUNCHBOWL STREET
City-State-Zip: HONOLULU HI 96813

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: FRANCOISE CULLEY-TROTMAN

CEO

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date