

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Menthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20580

(7)

1. Corporation Name

ALL CARE HEALTH SERVICES, INC.

Principal Place of Business

**5950 WEST OAKLAND PARK BLVD.
SUITE 300
LAUDERHILL FL 33313**

Mailing Address

**5950 WEST OAKLAND PARK BLVD.
SUITE 300
LAUDERHILL FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1984

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2469775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORINSKI, BARBARA
3172 N ANDREWS AVE EXTENSION
POMPANO BCH. FL 33084**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
FELDMAN, BRUCE J
2200 RENAISSANCE BLVD #300
KING OF PRUSSIA PA**

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

☐ Change ☒ Addition

ZIP CODE: 19406

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

610-272-717