


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 042 ***150.00

DOCUMENT # H20580 1. Entity Name ALL CARE HEALTH SERVICES, INC.	
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Principal Place of Business 3541 NORTH PINE ISLAND RD SUNRISE, FL 33351 US	Mailing Address 620 FREEDOM BUSINESS CENTER, #105 KING OF PRUSSIA, PA 19406 US
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2469775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PLANTATION ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GELLER, DAVID S 620 FREEDOM BUSINESS CTR, #103 KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS FURTEK, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 (610) 205-2440