

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H20580

1. Entity Name
ALL CARE HEALTH SERVICES, INC.



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**



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2469775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000904569

05/01/08 00018 004 150.00

10. OFFICERS AND DIRECTORS

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