

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09355

FILED
Apr 20, 2005
Secretary of State

Entity Name: ALL HEALTH CARE, INC.

Current Principal Place of Business:

4303 N. ARMENIA AVENUE
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4303 N. ARMENIA AVE.
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2616177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARATE, RENE
4303 N. ARMENIA AVENUE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANDER, LAURA
Address: 4914 ROCKLEDGE CIRCLE
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: ZARATE, RENE J.,
Address: 10501 MARY ROSE WAY
City-St-Zip: LITHIA, FL

Title: D () Delete
Name: ZARATE, JOHN D
Address: 4318 CARROLLWOOD VILLAGE DR.
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: ZARATE, RENE
Address: 4303 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZARATE, SALLY R
Address: 10701 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618

Title: STD (X) Change () Addition
Name: ZARATE, RENE J.,
Address: 10501 MARY ROSE WAY
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: ZARATE, JOHN D
Address: 4318 CARROLLWOOD VILLAGE DR.
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE ZARATE

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date