

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000073784

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ALL PROFESSIONAL HEALTH CARE, INC.

**Current Principal Place of Business:**

2755 SOUTH FEDERAL HIGHWAY  
20  
BOYTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2755 SOUTH FEDERAL HIGHWAY  
20  
BOYTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 65-1124989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, CAMILLA  
6161 NW 84TH TERRACE  
PARKLAND, FL 33435 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: PV  
Name: WALKER, CAMILLA  
Address: 6161 NW 84TH TERRACE  
City-St-Zip: PARKLAND, FL 33067

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: CAMILLA WALKER

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date