

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90007 042 ***550.00

DOCUMENT # **P02890**

1. Corporation Name

ALL-CARE HOME HEALTH SERVICES, INC.

Principal Place of Business
**353743 NORTH PINE ISLAND RD
SUNRISE FL 33351
US**

Mailing Address
**2200 RENAISSANCE BLVD
SUITE 300
KING OF PRUSSIA PA 19406
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1984

4. FEI Number

59-1619442

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MONICAL, WANDA
7401 114TH AVE N
LARGO FL 33773**

10. Name and Address of New Registered Agent

81

Name

Kathy Chudow

82

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

7401 114th Avenue North

83

84

City

Largo

FL

85

Zip Code

33773

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 **Kathy Chudow**

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

(NOTE: Registered Agent signature required when reinstating)

7/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE
NAME **FELDMAN, BRUCE J.**
STREET ADDRESS **2200 RENAISSANCE BLVD, STE 300**
CITY-ST-ZIP **KING OF PRUSSIA PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCD** ☐ Change ☒ Addition
1.2 NAME **David S. Geller**
1.3 STREET ADDRESS **2200 Renaissance Boulevard, Suite 300**
1.4 CITY-ST-ZIP **King of Prussia, PA 19406**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(610) 272-1717

CR2E034 (5/99)

0115472