

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000034524

**FILED**  
**Jun 11, 2007**  
**Secretary of State**

**Entity Name:** ALL LIFE CARE OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

3220 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

10500 ULMERTON ROAD, #308  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 83-0352543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, JOSEPH L  
2522 WEST KENNEDY BLVD.  
TAMPA, FL 33609 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: DR. ( ) Delete  
Name: CARLISLE, THOMAS  
Address: 10500 ULMERTON ROAD, #308  
City-St-Zip: LARGO, FL 33770

Title: DR. (X) Delete  
Name: HANSBURY, DENISE  
Address: 10500 ULMERTON ROAD, #308  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS CARLISLE

D

06/11/2007

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

\_\_\_\_\_  
Date