2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034524

City-St-Zip: LARGO, FL 33770

Entity Name: ALL LIFE CARE OF TALLAHASSEE, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	AL CIRCLE N SEE, FL 3230				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10500 ULME LARGO, FL	ERTON ROAE 33770), #308			
FEI Number: 8	3-0352543	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	PH L KENNEDY B 33609 US				
The above n		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE	Ξ:				
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name:	DR. () CARLISLE, THO		Title: (Name: Address:	() Change () Addition	

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 DR. 05/01/2008