

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034524

**FILED**  
**Jan 11, 2011**  
**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:**

873 HARBOR HILL DR  
SAFETY HARBOR, FL 34695

**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:**

CARLISLE, THOM  
873 HARBOR HILL DRIVE  
SAFETY HARBOR, FL 34695 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.  
Name: CARLISLE, THOMAS  
Address: 10500 ULMERTON ROAD, #308  
City-St-Zip: LARGO, FL 33770

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: THOM CARLISLE

DR.

01/11/2011

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

\_\_\_\_\_  
Date