2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P04000147204

Entity Name: ALL CARE OF NE FLORIDA, INC.

Current Principal Place of Business:

1175 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1175 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-1802207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAGEMANN, RICHARD
1175 EAGLE POINT DRIVE
ST. AUGUSTINE, FL 32092 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: PD
Name: TRAGEMANN, RICHARD
Address: 1175 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: SVTD
Name: TRAGEMANN, EMILY
Address: 1175 EAGLE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: RICHARD TRAGEMANN P 05/01/2011

Electronic Signature of Signing Officer or Director — Date