

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000038188

**FILED**  
**Jun 26, 2006**  
**Secretary of State**

**Entity Name:** ALL CARE HEALTH & HUMAN SERVICES, INC

**Current Principal Place of Business:**

3364 SW CRESTVIEW RD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

3364 SW CRESTVIEW RD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 34-2040873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, PATRICIA I  
3364 SW CRESTVIEW RD  
PORT ST. LUCIE, FL 34953 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: P,D ( ) Delete  
Name: WILLIAMS, PATRICIA I  
Address: 3364 SW CRESTVIEW RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S,T ( ) Delete  
Name: WILLIAMS, PATRICIA I  
Address: 3364 SW CRESTVIEW RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: A ( ) Delete  
Name: WILLIAMS, PATRICIA I  
Address: 3364 SW CRESTVIEW RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: AD (X) Delete  
Name: GRAEFF, GINETTE  
Address: 3364 SW CRESTVIEW RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

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

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

Title: AD (X) Change ( ) Addition  
Name: WILLIAMS, PATRICIA I  
Address: 3364 SW CRESTVIEW RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** PATRICIA WILLIAMS

P

06/26/2006

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

\_\_\_\_\_  
Date