

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038188

FILED
Feb 21, 2010
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 (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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: PATRICIA WILLIAMS

P

02/21/2010

Electronic Signature of Signing Officer or Director

Date