

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000038188

**FILED**  
**Apr 18, 2011**  
**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:**

1802 SW BILTMORE STREET  
PORT ST. LUCIE, FL 34984

**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:**

WILLIAMS, PATRICIA I  
1802 SW BILTMORE STREET  
PORT ST. LUCIE, FL 34984 US

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

04/18/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: WILLIAMS, PATRICIA I  
Address: 1802 SW BILTMORE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S,T  
Name: WILLIAMS, PATRICIA I  
Address: 1802 SW BILTMORE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: AD  
Name: WILLIAMS, PATRICIA I  
Address: 1802 SW BILTMORE STREET  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

PRES

04/18/2011

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

\_\_\_\_\_  
Date