2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# P05000038188

Entity Name: ALL CARE HEALTH & HUMAN SERVICES, INC

Current Principal Place of Business:

1802 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984

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
1802 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984 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
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,D 04/29/2012

Electronic Signature of Signing Officer or Director — Date