

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000142257

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ALL ANGEL HOME CARE, INC,

**Current Principal Place of Business:**

11695 N.W. 2ND STREET  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

11695 N.W. 2ND STREET  
PLANTATION, FL 33325

**New Mailing Address:**

**FEI Number:** 20-3661111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, NICOLE  
11695 N.W. 2ND STREET  
PLANTATION, FL 33325 US

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

WEINER, INKA  
11695 N.W. 2ND STREET  
PLANTATION, FL 33325 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: INKA WEINER

04/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEINER, INKA  
Address: 11695 N.W. 2ND STREET  
City-St-Zip: PLANTATION, FL 33325

Title: VP  
Name: FLEACHER, HUGH M  
Address: 11695 NW 2ND STREET  
City-St-Zip: PLANTATION, FL 33325

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: INKA WEINER

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date