

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000054542

**FILED**  
**Jul 30, 2008**  
**Secretary of State****Entity Name:** ALL FOR ONE HOME HEALTH CARE, INC.**Current Principal Place of Business:**2326 S. CONGRESS AVE.  
SUITE 2E  
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**2326 S. CONGRESS AVE.  
SUITE 2E  
WEST PALM BEACH, FL 33406**New Mailing Address:****FEI Number:** 20-3414056**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BOLTTS, ELIZABETH  
2326 S CONGRESS AVE  
SUITE 2E  
WEST PALM BEACH, FL 33406 US**Name and Address of New Registered Agent:**BOTTTS, ELIZABETH  
2326 S CONGRESS AVE  
SUITE 2E  
WEST PALM BEACH, FL 33406 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: ELIZABETH BOTTTS

07/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: SCHOLT, ROBERT A JR  
Address: 4371 EMPRESS ST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Delete  
Name: BOLTS, ELIZABETH  
Address: 118 SW 8 PL  
City-St-Zip: BOYNTON BEACH, FL 33426

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

Title: P (X) Change ( ) Addition  
Name: SCHOTT, ROBERT A JR  
Address: 4371 EMPRESS ST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. SCHOTT, JR

P

07/30/2008

Electronic Signature of Signing Officer or Director

Date