2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# P07000027553

Entity Name: ALLINONE CARE, INC.

Current Principal Place of Business:

5550 RIVER RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

15836 LYLE CIRCLE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 64-0951625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA
1840 CORAL WAY 4TH FLOOR
MIAMI, FL 33145 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
Name: REEVES, LESLIE A
Address: 15836 LYLE CIRCLE
City-St-Zip: HUDSON, FL 34667

Title: S
Name: STEIN, CHERYL
Address: 15836 LYLE CIRCLE
City-St-Zip: HUDSON, FL 34667

Title: T
Name: STEIN, CHERYL
Address: 15836 LYLE CIRCLE
City-St-Zip: HUDSON, FL 34667

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: LESLIE A REEVES P 02/22/2011

Electronic Signature of Signing Officer or Director Date