2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2012
Secretary of State

DOCUMENT# P10000066422

Entity Name: ALL-CARE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

12773 W. FOREST HILL BLVD
SUITE 1209
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12773 W. FOREST HILL BLVD
SUITE 1209
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 16-1783031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLUCKSMAN, RORY E
12773 W. FOREST HILL BLVD., STE 1209
WELLINGTON, FL 33414 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: PTD
Name: GLUCKSMAN, RORY E
Address: 12773 W. FOREST HILL BLVD., STE 1209
City-St-Zip: WELLINGTON, FL 33414

Title: VPSD
Name: KOGAN, KARINNA J
Address: 12773 W. FOREST HILL BLVD., STE 1209
City-St-Zip: WELLINGTON, FL 33414

Title: SEC
Name: GLUCKSMAN, ALLISON
Address: 12773 W. FOREST HILL BLVD., STE 1209
City-St-Zip: WELLINGTON, FL 33414

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: RORY GLUCKSMAN PTD 10/08/2012

Electronic Signature of Signing Officer or Director — Date