

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-30-2006 90001 005 ***150.00

FILE#P99000074406

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 30 PM 2:59

DOCUMENT # P99000074406	
1. Entity Name ALL STATE HOME HEALTH CARE, INC.	

Principal Place of Business 3286 N. STATE RD. 7 LAUDERDALE, FL 33319	Mailing Address 3286 N. STATE RD. 7 LAUDERDALE, FL 33319
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2. Principal Place of Business 3286 N. State Rd 7	3. Mailing Address 661 Carrotwood Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lauderdale Lakes	City & State Plantation FL
Zip 33319	Zip 33324
Country USA	Country USA

05162006 Chg-P CR2E034 (11/05)

4. FEI Number 12-4624752	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, CLYTIE 3286 N. STATE RD. 7 LAUDERDALE, FL 33319	
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7. Name and Address of New Registered Agent Name Clytie Campbell Street Address, P.O. Box Number is Not Acceptable 661 Carrotwood Ter. City Plantation FL Zip Code 33324	
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8. 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. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE Clytie Campbell	DATE 6/26/06

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CLYTIE 12490 S.W. 7TH PLACE DAVIE, FL 33325 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clytie Campbell ☒ Change ☐ Addition 661 Carrotwood Ter. Plantation FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTANZO, SUZETTE 8640 N.W. 38TH ST. SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzette Costanzo ☐ Change ☐ Addition 12490 SW 7th Pl Davie FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTHOLD, MARVA 3687 N.W. 83RD. LANE SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: [Signature]	DATE 6/26/06