

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074406

FILED
Mar 16, 2009
Secretary of State

Entity Name: ALL STATE HOME HEALTH CARE, INC.

Current Principal Place of Business:

3286 N. STATE RD. 7
LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

661 CARROTWOOD TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 12-4624752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CLYTIE
661 CARROTWOOD TERRACE
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, CLYTIE
Address: 661 CARROTWOOD TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: COSTANZO, SUZETTE
Address: 12490 S.W. 7TH PLACE
City-St-Zip: DAVIE, FL 33325

Title: P () Delete
Name: BERTHOLD, MARVA
Address: 3687 N.W. 83RD. LANE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CLYTIE CAMPBELL

D

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date