

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074406

FILED
Apr 14, 2011
Secretary of State

Entity Name: ALL STATE HOME HEALTH CARE, INC.

Current Principal Place of Business:

3298 N. STATE RD. 7
LAUDERDALE LALES, FL 33319

New Principal Place of Business:

3296B N. STATE RD. 7
LAUDERDALE LAKES, FL 33319

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

OFFICERS AND DIRECTORS:

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

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

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

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: CLYTIE CAMPBELL

D

04/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date