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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V30330

1. Entity Name
ALL COUNTY HEALTH CARE, INC.

Principal Place of Business	Mailing Address
4121 NW 5TH ST STE 200 PLANTATION, FL 33317 US	4121 NW 5TH ST STE 200 PLANTATION, FL 33317 US
2. Principal Place of Business - No P.O. Box # 4850 NORTH STATE ROAD 7	3. Mailing Address 4850 NORTH STATE ROAD 7
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State LAUDERDALE LAKES FL	City & State LAUDERDALE LAKES FL
Zip 33319 Country USA	Zip 33319 Country USA

4. FEI Number 65-0322223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, CYNTHIA 4121 NW 5TH STREET #200 PLANTATION, FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) 4850 NORTH STATE ROAD 7 SUITE 101 City LAUDERDALE LAKES FL Zip Code 33319

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 X [signature] 3/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, CYNTHIA 4121 NW 5TH STREET #200 PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CYNTHIA 4850 NORTH STATE ROAD 7, SUITE 101 LAUDERDALE LAKES FL 33319 ☒ 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
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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: X [signature] 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #