

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30330

FILED
Mar 25, 2011
Secretary of State

Entity Name: ALL COUNTY HEALTH CARE, INC.

Current Principal Place of Business:

4850 N. STATE RD. 7
STE 101
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

4850 N. STATE RD. 7
STE 103
LAUDERDALE LAKES, FL 33319 US

Current Mailing Address:

4850 N. STATE RD. 7
STE 101
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

4850 N. STATE RD. 7
STE 103
LAUDERDALE LAKES, FL 33319 US

FEI Number: 65-0322223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, CYNTHIA
4850 N. STATE RD. 7
SUITE 101
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

BAKER, CYNTHIA
4850 N. STATE RD. 7
SUITE 103
LAUDERDALE LAKES, FL 33319 US

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:

03/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BAKER, CYNTHIA
Address: 4850 N. STATE RD. 7, SUITE 103
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VP
Name: BIASI, LOUIS
Address: 4850 N. STATE RD. 7 SUITE 103
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: CYNTHIA BAKER

P

03/25/2011

Electronic Signature of Signing Officer or Director

Date