

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115913

Entity Name: ALL IN ONE COMP CARE, INC.

Current Principal Place of Business:

8477 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

Current Mailing Address:

8477 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

FEI Number: 20-0310616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALDROP, MARK S
8477 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name WALDROP, MARK S
Address 10070 W. HALLS FERRY RD.
City-State-Zip: HOMOSASSA FL 34448

Title D
Name WALDROP, DREAMA M
Address 10070 W. HALLS FERRY RD.
City-State-Zip: HOMOSASSA FL 34448

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: MARK S WALDROP

DIRECTOR

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date