

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000034361

**Entity Name:** ALLSTATE HOME HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

1406 NORTH STATE ROAD  
LAUDERHILL, FL 33313

**Current Mailing Address:**

1406 NORTH STATE ROAD SEVEN  
LAUDERHILL, FL 33313 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMPBELL, CLYTIE P MS  
1406 NORTHROAD SEVEN  
LAUDERHILL, FL 33313 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:** CLYTIE CAMPBELL

06/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAMPBELL, CLYTIE P .  
Address        1406 NORTH STATE ROAD SEVEN  
City-State-Zip: LAUDERHILL FL 33313

Title            COO  
Name            CAMPBELL, CLYTIE P  
Address        1720 W OAK KNOLL CIR  
City-State-Zip: DAVIE FL 33324

*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

PRESIDENT

06/19/2020

Electronic Signature of Signing Officer/Director Detail

Date