

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000034361

Entity Name: ALLSTATE HOME HEALTH INSTITUTE, INC.

Current Principal Place of Business:

1871 WEST OAKLAND PARK BLVD
SUITE E
OAKLAND PARK, FL 33311

Current Mailing Address:

1871 WEST OAKLAND PARK BLVD
SUITE E
OAKLAND PARK, FL 33311

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, CLYTIE P MS
1871 WEST OAKLAND PARK BLVD
SUITE E
OAKLAND PARK, FL 33311 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

03/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CAMPBELL, CLYTIE P .
Address 1871 WEST OAKLAND PARK BLVD
 SUITE E
City-State-Zip: OAKLAND PARK FL 33311

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

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date