

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000067684

**Entity Name:** ALLINONE HEALTHCARE CORP

**Current Principal Place of Business:**

8285 STONECREST DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

8285 STONECREST DRIVE  
MELBOURNE, FL 32940 US

**FEI Number:** 88-3981507

**Certificate of Status Desired:** No

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

SMITH, STEPHANIE  
8285 STONECREST DRIVE  
MELBOURNE, FL 32940 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 P  
Name SMITH, BRANDON  
Address 8285 STONECREST DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title VP  
Name SMITH, STEPHANIE  
Address 8285 STONECREST DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title T  
Name SMITH, STEPHANIE  
Address 8285 STONECREST DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title S  
Name SMITH, BRANDON  
Address 8285 STONECREST DRIVE  
City-State-Zip: MELBOURNE FL 32940

*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:** BRANDON SMITH

**PRESIDENT**

**03/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date