

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074406

Entity Name: ALL STATE HOME HEALTH CARE, INC.

Current Principal Place of Business:

1773 NORTH STATE ROAD SEVEN
202
LAUDERHILL, FL 33313

Current Mailing Address:

1773 NORTH STATE ROAD SEVEN
LAUDERHILL, FL 33313 US

FEI Number: 80-0581905

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, CLYTIE
1720 W. OAK KNOLL CIRCLE
DAVIE, FL 33324 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 CAMPBELL, CLYTIE
Address 1720 W. OAK KNOLL CIRCLE
City-State-Zip: DAVIE FL 33324

Title P
Name BRISIBE, MAUVA
Address 12471NW 17 CT
PEMBROKE PINES, FL 33028
City-State-Zip: PEMBROKE PINES FL

Title SECRETARY
Name CAMPBELL, SARAI MILCAH
Address 1406 NORTH STATE ROAD SEVEN
1720 W. OAK KNOLL,CIRCLE
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

ADMINISTRATOR

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date