

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30330

Entity Name: ALL COUNTY HEALTH CARE, INC.

Current Principal Place of Business:

4850 N. STATE RD. 7
STE G103
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4850 N. STATE RD. 7
STE G103
LAUDERDALE LAKES, FL 33319 US

FEI Number: 65-0322223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, CYNTHIA
4850 N. STATE RD. 7
SUITE G103
LAUDERDALE LAKES, FL 33319 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 BAKER, CYNTHIA
Address 4850 N. STATE RD. 7, SUITE G103
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP
Name CLARKE, DELROY
Address 4850 N. STATE RD. 7
STE G103
City-State-Zip: LAUDERDALE LAKES FL 33319

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: CYNTHIA BAKER

P

04/14/2025

Electronic Signature of Signing Officer/Director Detail

Date