

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052023

FILED
Feb 15, 2012
Secretary of State

Entity Name: EXPERIENCED CARE, INC.

Current Principal Place of Business:

1008 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

1313 E SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

1008 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

1313 E SILVER SPRINGS BLVD
OCALA, FL 34470

FEI Number: 20-2629091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEJIMENEZ, DELICIA L
1008 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

DEJIMENEZ, DELICIA L
1313 E SILVER SPRINGS BLVD
OCALA, FL 34470 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

02/15/2012

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DEJIMENEZ, DELICIA L
Address: 8793 SE 61ST AVENUE
City-St-Zip: Ocala, FL 34472

Title: SD
Name: JIMENEZ, MANUEL D
Address: 8793 SE 61ST AVENUE
City-St-Zip: Ocala, FL 34472

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: DELICIA DEJIMENEZ

PD

02/15/2012

Electronic Signature of Signing Officer or Director

Date