

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052023

Entity Name: EXPERIENCED CARE, INC.

Current Principal Place of Business:

1313 E SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

1313 E SILVER SPRINGS BLVD
OCALA, FL 34470

FEI Number: 20-2629091

Certificate of Status Desired: No

Name and Address of Current 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

_____ Date

Officer/Director Detail :

Title	PD	Title	SD
Name	DEJIMENEZ, DELICIA L	Name	JIMENEZ, MANUEL D
Address	8793 SE 61ST AVENUE	Address	8793 SE 61ST AVENUE
City-State-Zip:	OCALA FL 34472	City-State-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: MANUEL DJIMENEZ

SD

02/01/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date