

**2014 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  
Name DEJIMENEZ, DELICIA L  
Address 8793 SE 61ST AVENUE  
City-State-Zip: Ocala FL 34472

Title SD  
Name JIMENEZ, MANUEL D  
Address 8793 SE 61ST AVENUE  
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 D JIMENEZ

SD

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date