

2015 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 JIMENEZ

CFO

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date