

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000038570

**Entity Name:** EXPERT CARE, INC.

**Current Principal Place of Business:**

1522 VISTA DEL LAGO BLVD.  
DUNDEE, FL 33883

**Current Mailing Address:**

1522 VISTA DEL LAGO BLVD.  
DUNDEE, FL 33883

**FEI Number: 32-0338643**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WOOLCOCK, PATRICIA  
1857 CROSSROADS BOULEVARD  
WINTER HAVEN, FL 33881 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 WOOLCOCK, PATRICIA  
Address 1857 CROSSROADS BOULEVARD  
City-State-Zip: WINTER HAVEN FL 33881

Title T  
Name HALL, TINO  
Address 4770 NW 6 PLACE  
City-State-Zip: COCONUT CREEK FL 33063

Title VP  
Name EDMUND, DESMOND  
Address 6031 NW 25 COURT  
City-State-Zip: SUNRISE FL 33313

*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: PATRICIA WOOLCOCK**

**PRESIDENT**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date