

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029245

Entity Name: EXCELSIOR CARE, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

802 71 ST NW  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

802 71 ST NW  
BRADENTON, FL 34209

**New Mailing Address:**

FEI Number: 55-0834687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEISSNER, GREGORY C ESQ.  
1111 THIRD AVENUE WEST  
SUITE 150  
BRADENTON, FL 34205 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DSP  
Name: MOORE, ETHELENE B  
Address: 9405 17TH AVENUE., N.W.  
City-St-Zip: BRADENTON, FL 34209

Title: TRES  
Name: MOORE, ETHELENE B  
Address: 9405 17TH AVENUE NW  
City-St-Zip: BRADENTON, FL 34209

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: JOANNE SOSBE

MS

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date