2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005
Secretary of State

DOCUMENT# P03000146822

Entity Name: EXCELLENT CARE CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

6595 NW 36TH ST SUITE 304-2
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6595 NW 36TH ST SUITE 304-2
MIAMI, FL 33166

New Mailing Address:

FEI Number: 59-3773541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, ORLAIDA
11061 SW 63RD TERRACE
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMON, ORLAIDA
Address: 6595 NW 36TH ST SUITE 304-2
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SIMON, ORLAIDA
Address: 11061 SW 63 TERR
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ORLAIDA SIMON P 01/14/2005

Electronic Signature of Signing Officer or Director — Date