

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146822

FILED
Mar 11, 2008
Secretary of State

Entity Name: EXCELLENT CARE CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

6595 NW 36TH STREET
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
2890 SW 135TH AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

SIMON, ORLAIDA
6595 NW 36TH STREET
SUITE 304-2
MIAMI, FL 33166 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:

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, ORLAIDA
Address: 2890 SW 135TH AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMON, ORLAIDA
Address: 6595 NW 36TH STREET, STE 304-2
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/11/2008

Electronic Signature of Signing Officer or Director

Date