

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000051762

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EXCELLENT CARE SERVICES, INC.

**Current Principal Place of Business:**

13259 SW 9TH LANE  
MIAMI, FL 33184

**New Principal Place of Business:**

11890 SW 8TH STREET  
404  
MIAMI, FL 33184 US

**Current Mailing Address:**

13259 SW 9TH LANE  
MIAMI, FL 33184

**New Mailing Address:**

11890 SW 8TH STREET  
404  
MIAMI, FL 33184 US

**FEI Number:** 20-0431160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEBLES, LIVIA  
13259 SW 9TH LANE  
MIAMI, FL 33184 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: P  
Name: FEBLES, LIVIA  
Address: 13259 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33184 US

Title: VP  
Name: FIGUEREDO, EDILBERTO  
Address: 13259 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33184 US

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: LIVIA FEBLES

P

04/29/2011

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

\_\_\_\_\_  
Date