

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079462

FILED
Apr 27, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA EXCELLENCE CARE, INC.

Current Principal Place of Business:

670 THOUSAND OAKS BLVD
DAVENPORT, FL 33837

New Principal Place of Business:

6231 BENT PINE DRIVE
523A
ORLANDO, FL 32822

Current Mailing Address:

670 THOUSAND OAKS BLVD
DAVENPORT, FL 33837

New Mailing Address:

6231 BENT PINE DRIVE
523A
ORLANDO, FL 32822

FEI Number: 11-3720858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOJICA, MARIA C
670 THOUSAND OAKS BLVD
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

MOJICA, MARIA C
6231 BENT PINE DRIVE
523A
ORLANDO, FL 32822 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: MARIA CRISTITA MOJICA

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOJICA, MARIA C
Address: 6231 BENT PINE DRIVE # 523A
City-St-Zip: ORLANDO, FL 32822

Title: VPD
Name: MOJICA, JOSE R
Address: 6231 BENT PINE DRIVE # 523A
City-St-Zip: ORLANDO, FL 32822

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: MARIA CRISTITA MOJICA

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date