

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000042630

FILED
Apr 12, 2010
Secretary of State

Entity Name: EXCELLENCE MED-CARE,CORP

Current Principal Place of Business:

104 SW 180 AVE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

104 SW 180 AVE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 27-0182412 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRADO P.A., JULIO SR.
180 SW 180 AVE
PEMBROKE PINES, FL 33029 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
Name: PRADO P.A., JULIO SR
Address: 104 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD
Name: PRADO, GRICEL
Address: 104 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD
Name: PRADO, JULIO JR.
Address: 104 SW 180 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: JULIO PRADO

PD

04/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date