

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000053841

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** EXCELLENCE HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

3900 WOODLAKE BLVD.  
SUITE 301 C  
GREENACRES, FL 33463

**New Principal Place of Business:**

3900 WOODLAKE BLVD.  
SUITE 200 #18  
GREENACRES, FL 33463

**Current Mailing Address:**

3900 WOODLAKE BLVD.  
SUITE 301 C  
GREENACRES, FL 33463

**New Mailing Address:**

4760 MODERN DRIVE  
DELRAY BEACH, FL 33445

**FEI Number:** 27-2948620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRANDA, JAIME  
6181 SERENE RUN  
LAKE WORTH, FL 33467 US

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

LONGALONG-COZ, ERLINDA A  
4760 MODERN DRIVE  
DELRAY BEACH, FL 33445 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: ERLINDA A. LONGALONG-COZ

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LONGALONG-COZ, ERLINDA A  
Address: 4760 MODERN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP  
Name: LOPEZ, ELIZABETH A  
Address: 2157 BACOM POINT RD  
City-St-Zip: PAHOKEE, FL 33476 US

Title: S/T  
Name: MENDOZA, BLANCHE  
Address: 205 PARK ROAD  
City-St-Zip: N. ROYAL PALM BEACH, FL 33411 US

Title: D  
Name: LOPEZ, ELIZABETH  
Address: 2157 BACOM POINT RD  
City-St-Zip: PAHOKEE, FL 33476 US

Title: D  
Name: DEREZ, LEAH  
Address: 118 CYPRESS LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: D  
Name: CAMERON, MARY  
Address: 284 PARKVIEW COURT  
City-St-Zip: PAHOKEE, FL 33476 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: ERLINDA A. LONGALONG-COZ

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date