

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000038570

Entity Name: EXPERT CARE, INC.

FILED
May 01, 2012
Secretary of State

Current Principal Place of Business:

1522 VISTA DEL LAGO BLVD.
DUNDEE, FL 33883

New Principal Place of Business:

Current Mailing Address:

1522 VISTA DEL LAGO BLVD.
DUNDEE, FL 33883

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLCOCK, PATRICIA
1857 CROSSROADS BOULEVARD
WINTER HAVEN, FL 33881 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: WOOLCOCK, PATRICIA
Address: 1857 CROSSROADS BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33881

Title: T
Name: HALL, TINO
Address: 4770 NW 6 PLACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP
Name: EDMUND, DESMOND
Address: 6031 NW 25 COURT
City-St-Zip: SUNRISE, FL 33313

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: PATRICIA WOOLCOCK

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date