

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000063972

FILED
Nov 18, 2014
Secretary of State

Entity Name: EXCELLENT CARE HOME CARE, INC

Current Principal Place of Business:

1495 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

1495 FOREST HILL BLVD.
SUITE A2
WEST PALM BEACH, FL 33406 US

Current Mailing Address:

1495 FOREST HILL BLVD.
WEST PALM BEACH, FL 33406 US

New Mailing Address:

1495 FOREST HILL BLVD.
SUITE A2
WEST PALM BEACH, FL 33406 US

FEI Number: 46-3368535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAGUIRRE, CONRAD
1495 FOREST HILL BLVD., STE. A
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

ZAGUIRRE, CONRAD
1495 FOREST HILL BLVD.
SUITE A2
WEST PALM BEACH, FL 33406 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: CONRAD ZAGUIRRE

11/18/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: ZAGUIRRE, CONRAD
Address: 1495 FOREST HILL BLVD. STE A2
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: T
Name: ZAGUIRRE, CONRAD
Address: 1495 FOREST HILL BLVD. STE A2
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: S
Name: LIMLENGCO, LAUREN A
Address: 1495 FOREST HILL BLVD. STE A
City-St-Zip: WEST PALM BEACH, FL 33406 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: CONRAD ZAGUIRRE

D

11/18/2014

Electronic Signature of Signing Officer or Director

Date