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Jan 14 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010558 (3)

1. Corporation Name
EXCEL CARE SERVICES, INC.



Principal Place of Business
21332 WEST DIXIE HIGHWAY
STE 604
N. MIAMI BEACH FL 33160
US

Mailing Address
P O BOX 1683
HALLANDALE FL 33008-1683
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified 02/04/1993
3a. Date of Last Report 01/26/1996
4. FEI Number 65-0384285
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GUARDADO, JULIO L
7855 N.W. 12TH STREET
SUITE 202
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEEDNI, LILIAN	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GORIN, ANA	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD	
CITY - ST - ZIP	HALLANDER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GORIN, MOISES	
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD	
CITY - ST - ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEEDNI, LILIAN	
1.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY	
1.4 CITY - ST - ZIP	N. MIAMI BEACH FL. 33160	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANA GORIN	
2.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY	
2.4 CITY - ST - ZIP	N. MIAMI BEACH, FL. 33160	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOISES GORIN	
3.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY	
3.4 CITY - ST - ZIP	N. MIAMI BEACH, FL. 33160	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)