## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000010558 (3) **EXCEL CARE SERVICES, INC.** Principal Place of Business Mailing Address 21332 WEST DIXIE HIGHWAY P O BOX 1683 STE 604 HALLANDALE FL 33008 DO NOT WRITE IN THIS SPACE N. MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 02/04/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0384285 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GUARDADO, JULIO L 7855 N.W. 12TH STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 202 63 **MIAMI FL 33126** 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent argenture required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ĎΡ DELETE Change Addition 1.1 THUE TITLE SEEDNI, ULIAN SRELNI LILIAN 1.2 NAME NAME 21332 W DIXIE HWY 21332 WEST DIFIC HIGHWAY N. MIAMIBRACH, FC 33180 STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH FL 33180 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE GORIN, ANA NAME 2.2 NAME 21332 W DIXIE HWY 2.3 STREET ADDRESS STREET ADDRESS N MIAMI BCH FL 33180 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE GORIN, MOISES 3.2 NAME 21332 W DIXIE HWY STREET ADDRESS 3.3 STREET ADDRESS N MIAMI BCH FL 33180 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. Thereby 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.

63 STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

Feb 8/98

305-937-1901

**FILED** 

Feb 16 1998 8:00am

Secretary of State