

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010558

FILED
Apr 29, 2004
Secretary of State

Entity Name: EXCEL CARE SERVICES, INC.

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD
SUITE 708
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD
SUITE 708
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 65-0384285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SREDNI, LILIAN
1380 NE MIAMI GARDENS DRIVE
SUITE 246
NORTH MIAMI, FL 33179 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: LILIAN SREDNI

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SREDNI, LILIAN
Address: 1920 E HALLANDALE BEACH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: GORIN, ANA
Address: 1920 E HALLANDALE BEACH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: GORIN, MOISES
Address: 1920 E HALLANDALE BEACH BLVD STE 708
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOISES GORIN

ST

04/29/2004

Electronic Signature of Signing Officer or Director

Date