2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# P93000010558

Entity Name: EXCEL CARE SERVICES, INC.

Current Principal Place of Business:

21400 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

21400 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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:

SREDNI, LILIAN
1380 N. MIAMI GARDENS DRIVE
SUITE 246
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

SREDNI, LILIAN
1400 N. MIAMI GARDENS DRIVE
SUITE 208
NORTH MIAMI BEACH, 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: _____ 04/09/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SREDNI, LILIAN
Address: 1380 N. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete
Name: GORIN, ANA
Address: 21400 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: ST ( ) Delete
Name: GORIN, MOISES
Address: 21400 WEST DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI BEACH, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SREDNI, LILIAN
Address: 1400 N. MIAMI GARDENS DRIVE # 208
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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 Chapter 119, 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 S 04/09/2006
Electronic Signature of Signing Officer or Director — Date