FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 22 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S94526

1. Corporation Name

EXCELLENT CARE MED[illegible] CENTER INC.

Principal Place of Business	Mailing Address
3518 NW 36th ST MIAMI FLORIDA 33142	3518 NW 36th ST MIAMI FLORIDA 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 3518 NW 36th ST
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA
24 Zip: 33142 25 Country: DADE

2a. Mailing Address
26 3518 NW 36th ST
27 Suite, Apt. #, etc.
28 City & State: MIAMI FLORIDA
29 Zip: 33142 30 Country: DADE

4. FEI Number: 65-0298467 ID ☐ 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

ANGELA LEON
3518 NW 36th ST
MIAMI FLORIDA 33142

10. Name and Address of New Registered Agent

81 Name: ANGELA LEON
82 Street Address (P.O. Box Number is Not Acceptable): 3518 NW 36th ST
83
84 City: MIAMI FLORIDA FL 85 Zip Code: 33142

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: X ANGELA LEON Angela Leon
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

2-21-95
DATE

12. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ANGELA LEON 3518 NW 36th ST MIAMI FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ERNESTO COLON 3518 NW 36th ST MIAMI FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 800001413158 -02/23/95--01019--013 ****200.00 ****200.00
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 blank.

SIGNATURE: X Angela Leon
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

2/17/95
Date

636-0797
Daytime Phone #